

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY REGION V

111 West Jackson Blvd. CHICAGO, ILLINOIS 60604

REPLY TO ATTENTION OF:

APR 1 4 1982

Jeffrey Simpson, Envir. Eng. Safety Kleen Corp. 5-034-05 655 Big Timber Road Elgin, Illinois 60120

RE: Interim Status Acknowledgement USEPA ID No. ILD000665851 FACILITY NAME: Safety Kleen Corp. 5-034-05

Dear Mr. Simpson:

This is to acknowledge that the U.S. Environmental Protection Agency (USEPA) has completed processing your Part A Hazardous Waste Permit Application. It is the opinion of this office that the information submitted is complete and that you, as an owner or operator of a hazardous waste management facility, have met the requirements of Section 3005(e) of the Resource Conservation and Recovery Act (RCRA) for Interim Status. However, should USEPA obtain information which indicates that your application was incomplete or inaccurate, you may be requested to provide further documentation of your claim for Interim Status. Our opinion will be reevaluated on the basis of this information.

As an owner or operator of a hazardous waste management facility, you are required to comply with the interim status standards as prescribed in 40 CFR Parts 122 and 265, or with State rules and regulations in those States which have been authorized under Section 3006 of RCRA. In addition, you are reminded that operating under interim status does not relieve you from the need to comply with all applicable State and local requirements.

The printout enclosed with this letter identifies the limit(s) of the process design capacities your facility may use during the interim status period. This information was obtained from your Part A Permit application. If you wish to handle new wastes, to change processes, to increase the design capacity of existing processes, or to change ownership or operational control of the facility, you may do so only as provided in 40 CFR Sections 122.22 and 122.23.

As stated in the first paragraph of this letter, you have met the requirements of 40 CFR Part 122.23; your facility may operate under interim status until such time as a permit is issued or denied. This will be preceded by a request from this office or the State (if authorized) for Part B of your application. Please contact Arthur Kawatachi of my staff at (312) 886-7449, if you have any questions concerning this letter or the enclosure.

Sincerely yours,

Karl J. Klepitsch, Jr., Chief

Waste Management Branch

Enclosure

cc: Allan A. Manteuffel, Vice President - Technical Services Sheldon F. Simborg, Agent & Beneficiary of Trust #38921 John 1/83

FACILITY NAME

SAFETY KLEEN CORPORATION 5-034-05

EPA ID NUMBER

ILD000665851

FACILITY OPERATOR

SAFETY KLEEN CORP ELGIN IL

FACILITY OWNER

AMERICAN NATIONAL BANK AS TRUSTEE

FACILITY LOCATION

9631 W 19TH PL

MOKENA

IL 60448

PROCESS CODE

DESIGN CAPACITY

UNIT OF MEASURE

S01

2000

G

PROCESS	PRO- CESS CODE	AP PROPRIATE UNITS OF MEASURE	* * UNIT OF * MEASURE CODE *
STORAGE:			* GALLONS G
CONTAINER TANK WASTE PILE SURFACE IMPOUNDMENT DISPOSAL:	S01 S02 S03 S04	G or L G or L Y or C G or L	* LITERS L * CUBIC YARDS Y * CUBIC METERS C * GALLONS PER DAY U * LITERS PER DAY V * TONS PER HOUR D * METRIC TONS/HOUR W
INJECTION WELL LANDFILL LAND APPLICATION OCEAN DISPOSAL SURFACE IMPOUNDMENT TREATMENT:	D79 D80 D81 D82 D83	G,L,U, or V A or F B or Q U or V G or L	* GALLONS/HOUR E * LITERS/HOUR H * ACRE-FEET A * HECTARE-METER F * ACRES B * HECTARES Q
TANK SURFACE IMPOUNDMENT INCINERATOR OTHER	T01 T02 T03 T04	U or V U or V D,W,E, or H U,V,J,R,N, or S	* POUNDS/HOUR J * KILOGRAMS/HOUR R * TONS PER DAY N * METRIC TONS/DAY S *

FACILITY NAME EPA ID NUMBER THE RES AND RES AND THE RES AND THE RES

SAFETY KLEEN CORPORATION 5-034-05

ILD000665851

FACILITY OPERATOR

SAFETY KLEEN CORPORATION IL ELGINIL

FACILITY OWNER

SAFETY-KLEEN CORP ELGIN III AMERICAN NATIONAL BANK AS TRUSTEE

FACILITY LOCATION

9631 W 194TH PL

MOKENA

IL 60448

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can ask too ask too too too			#	LITERS	L
CONTAINER	501	G OR L	· ·	CUBIC YARDS	Y
TANK	502	G OR L	*	CUBIC METERS	Ċ
WASTE PILE	503	Y OR C	-16-	GALLONS PER DAY	U
SURFACE IMPOUNDMENT	504	G OR L	-14-	LITERS PER DAY	V
DISPOSAL:			*	TONS PER HOUR	D
物集物物等等类型			46	METRIC TONS \HOUR	W
INJECTION WELL	D79	G, L, U, OR V	*	GALLONS\HOUR	E
LANDFILL	D80	A OR F	**	LITERS\HOUR	H
LAND APPLICATION	D81	B OR Q	*	ACRE-FEET	A
OCEAN DISPOSAL	D82	U OR V	*	HECTARE-METER	F
SURFACE IMPOUNDMENT	D83	G OR L	*	ACRES	В
TREATMENT:	244	for for & 1 Hed	*	HECTARES	Q
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Secondary ID Number (emer from page 1)

XI. Nature of Business (provide a brief description)

THIS FACILITY INCLUDES A LOCAL SALES/SERVICE OFFICE AND ACCUMULATION/DISTRIBUTION WAREHOUSE AND-TANKS FOR SPENT SOLVENTS AND ANTIFREEZE (WHICH ARE RECLAIMED BY SAFETY-KLEEN AT A DIFFERENT LOCATION) AND PRODUCTS (WHICH INCLUDE SMALL PARTS CLEANING EQUIPMENT, SOLVENTS, ANTIFREEZE, HAND CLEANER, FLOOR SOAP AND OTHER ALLIED PRODUCTS). SAFETY-KLEEN COLLECTS THE SPENT SOLVENT AND ANTIFREEZE FROM ITS CUSTOMERS ON A PERIODIC BASIS AND ACCUMULATES IT, EITHER IN A STORAGE TANK OR IN A CONTAINER STORAGE AREA. THE MAJORITY OF SAFETY-KLEEN'S CUSTOMERS ARE CONDITIONALLY EXEMPT SMALL QUANTITY GENERATORS. ONCE A SUFFICIENT QUANTITY OF SPENT MATERIAL IS COLLECTED, A TANKER TRUCK OR BOX TRAILER TRUCK IS DISPATCHED FROM A SAFETY-KLEEN RECLAMATION FACILITY FOR ITS MANAGEMENT.

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XII. Process - Codes and Design Capacities

- A. PROCESS CODE Enter the code from the list of process codes below that best describes each process to be used at the facility. Twelve lines are provided for entering codes. If more lines are needed, attach a separate sheet of paper with the additional information. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided in item XII.
- B. PROCESS DESIGN CAPACITY For each code entered in column A, enter the capacity of the process.
 - 1. AMOUNT -Enter the amount. In a case where design capacity is not applicable (such as in a closure/post-closure or enforcement action) enter the total amount of waste for that process unit.
 - 2. UNIT OF MEASURE For each amount entered in column 8(1), enter the code from the first of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.
- C. PROCESS TOTAL NUMBER OF UNITS Enter the total number of units used with the corresponding process code.

PROCES CODE	SS PROCESS	APPROPRIATE UNITS OF MEASURE FOR PROCESS OESIGN CAPACITY	UNIT OF MEASURE	UNIT OF MEASURE CODE
D79 D80 D81 D82 D83 S01 S02 S03	DISPOSAL: INJECTION WELL LANDFILL LAND APPLICATION OCEAN DISPOSAL SURFACE IMPOUNDMENT STORAGE: CONTAINER (barrel, drum, etc.) TANK WASTE PILE SURFACE IMPOUNDMENT	GALLONS; LITERS; GALLONS PER DAY; OR LITERS PER DAY ACRE-FEET OR HECTARE-METER ACRES OR HECTARES GALLONS PER DAY OR LITERS PER DAY GALLONS OR LITERS GALLONS OR LITERS CUBIC YARDS OR CUBIC METERS GALLONS OR LITERS	GALLONS GALLONS PER HOU GALLONS PER DAY LITERS PER HOUR LITERS PER DAY SHORT TONS PER I METRIC TONS PER	RΕL
701 702 703	TREATMENT: TANK SURFACE IMPOUNDMENT INCINERATOR OTHER TREATMENT (Use for physical, chemical, thermal or biological treatment processes not occurring in terms, surface impoundment or incinerators. Describe the processes in the space gravided in term \$III.)	GALLONS PER DAY OR LITERS PER DAY GALLONS PER DAY OR LITERS PER DAY SHORT TONS PER HOUR: METRIC TONS PER HOUR: GALLONS PER HOUR: LITERS PER HOUR: OR BTU'S PER DAY; POUNDS PER HOUR; SHORT TONS PER HOUR: KILOGRAMS PER HOUR; METRIC TONS PER DAY: METRIC TONS PER HOUR: OR SHORT TONS PER DAY	METRIC TONS PER POUNDS PER HOU KILOGRAMS PER H CUBIC YARDS CUBIC METERS ACRES ACRE-FEET HECTARES HECTARE-METER BTU'S PER HOUR	DAY S R J HOUR R C A G F

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EPA I.O. Number (enter from page 1)	Secondary ID Number (enter from page 1)
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XII. Process - Codes and Design Capacities (continued)

EXAMPLE FOR COMPLETING ITEM XII (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

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1	0												
1	1												-
1	2												-

NOTE: If you need to list more than 12 process codes, attach an additional sheet(s) with the information in the same format as above. Number the lines sequentially, taking into account any lines that will be used for additional treatment processes in Item XIII.

XIII. Additional Treatment Processes (follow instructions from Item XI) Line A PROCESS **B. TREATMENT PROCESS** C. PROCESS Number DESIGN CAPACITY CODE TOTAL (सम्बद्धाः NUMBER D. DESCRIPTION OF PROCESS 1. AMOUNT 2 UNIT OF OF UNITS \$#CB/607026 MEASURE (specify) with norm (enter code) XII) 1 T 0 4 7 0 4 Ţ 0 4 7 0 4

EPA I.D. Number (enter from page 1)	Secondary ID Number (enter from page 1)
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L C D 0 0 0 0 3 8 3 1	

XIV. Description of Hazardous Wastes

- A. EPA HAZARDOUS WASTE NUMBER Enter the four-digit number from 40 CFR, Pan 261 Subpen D of each listed hazardous waste you will handle. For hazardous wastes which are not listed in 40 CFR, Pan 261 Subpen D, enter the four-digit number(s) from 40 CFR, Pan 261 Subpen C that describes the characteristics and/or the topic contaminants of these hazardous wastes.
- B. ESTIMATED ANNUAL QUANTITY For each listed weste emered in column A estimate the quantity of that weste that will be handled on an annual basis. For each characteristic or tosic conteminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or conteminant.
- C. UNIT OF MEASURE For each quantity entered in column 8 error the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS	Þ	KILOGRAMS	K
TONS	7	METRIC TONS	M

if facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES

1. PROCESS CODES:

for fisted hazardous waste: for each listed hazardous waste entered in column A select the code(s) from the fist of process codes contained in item XII A, on page 3 to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous weste: for each characteristic or topic contaminant entered in column A, select the code(s) from the list of process codes contained in item XII A on page 3 to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that processes that characteristic or topic contaminant.

NOTE: THREE SPACES ARE PROVIDED FOR ENTERING PROCESS CODES. IF MORE ARE NEEDED:

- 1. Enter the first two as described above.
- 2 Enter '000' in the extreme right box of hom XV-D().
- Enter in the space provided on page 7, item XIV-E, the line number and the additional code(s).
- 2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form (D.(2)).

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER - Hezerdous westes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
- In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "Included with above" and make no other entries on that line.
- 2. Repost step 2 for each EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM XIV (shown in line numbers X-1, X-2, X-3, and X-4 below) - A facility will treat and dispose of an estimated 900 pounds per year of chrome shawings from leather isnning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

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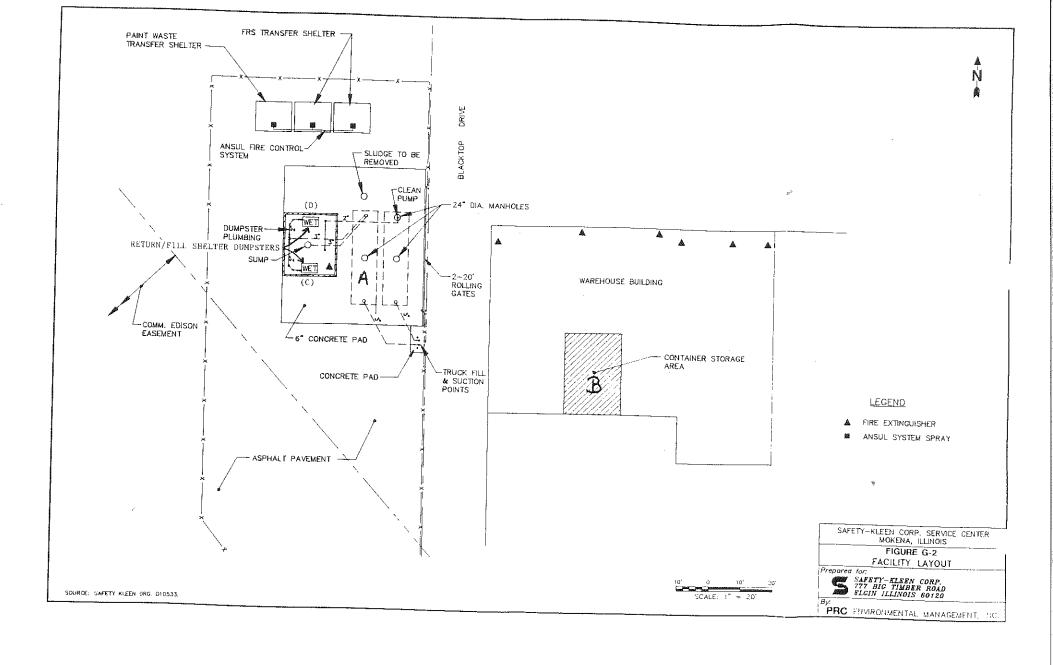
EPA I.D. Number (enter from page 1) Secondary ID Number (enter from page 1) XIV. Description of Hazardous Westes (continued) D. PROCESSES A EPA HAZARDOUS B. ESTIMATED C. UNIT OF ANNUAL MEASURE WASTE NO. QUANTITY OF Line (enter (1) PROCESS CODES (enter) (2) PROCESS DESCRIPTION Number Waste (enter code) code) (M a code is not entered in D(1)) F Τ S Õ F T S F INCLUDED WITH ABOVE Q

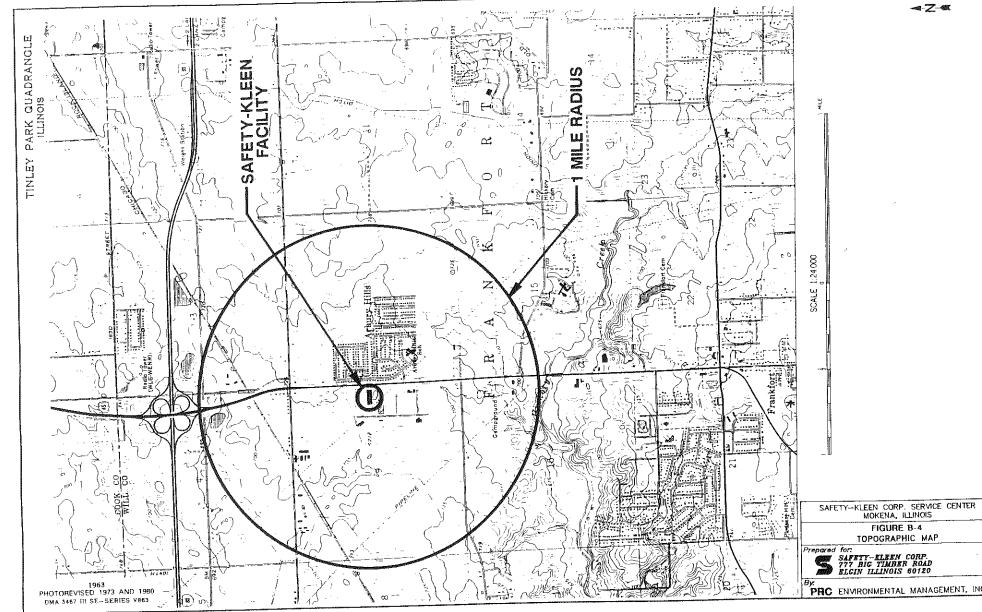
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Secondary ID Number (enter from page 1) EPA I.D. Number (enter from page 1) 65851 006 XIV. Description of Hazardous Waste (continued) E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 6. Line Additional Process Codes (enter) Number XV. Map Attach to this application a topographic map of the area exending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in this map area. See instructions for precise requirements. XVI. Facility Drawing All existing facilities must include a scale drawing of the facility (see instructions for more detail). XVII. Photographs All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storagtreatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail). XVIII. Certification(s) I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted Information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. Date Signed Owner Signature AMERICAN NATIONAL BANK OF CHICAGO Name and Oricial Title (type or print) 60469 2400 W. SIBLEY BLVD., POSEN, IL REVISED 1/16/91: Operator Signature trame and Official Title (type or print) SCOTT E. FORE - VICE PRESIDENT, ENVIRONMENT, HEALTH AND SAFETY XIX. Comments The "F" waste streams listed on lines 1 and 2 on page 2 of 2 of Section XIV are also toxic characteristic. The waste codes listed on lines 2 through 33 on page 1 of 2 of Section XIV also apply to these wastes.

imported them to the reproductive EPA Regional or State Office. (refer to instructions for more into material

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Certified Mail - Return Receipt Requested

January 16, 1991 EJJ 91-101

Mr. George Hamper Chief, Illinois Section, 5HR-13 U.S. EPA Region 5 230 South Dearborn St. Chicago, IL 60604

Subject: Revised Part A Permit Applications

Safety-Kleen Service Centers

Schaumburg ILD 079 749 073 Arlington Heights ILD 000 805 929 Franklin Park ILD 000 665 869 Mokena ILD 000 665 851 Urbana ILD 981 088 388 ILD 093 862 811 Pekin Casevville ILD 981 097 819

Dear Mr. Hamper,

This has been prepared in response to your letter of December 13, 1990 which requested additional information on process design capacities and waste streams at the above referenced facilities.

1. Process Design Capacity

Listed below are all hazardous waste management units at each Illinois service center. The numbers in parentheses refer to the categories listed at the end of this section which apply to the unit. Units are also identified on the site plans in the enclosed Part A applications. Section XII of each Part A application has been revised to include the return and fill dumpsters which are considered tanks by the Illinois EPA.

Schaumburg ILD 079 749 073

12,000 gallon tank: (1) (2)
10,000 gallon tank: (1) (undergoing closure-not in use) 6,000 gallon tank: (1) (undergoing closure-not in use)

2,550 gallon container storage area: (1) (2)

375 gallon tank: (1) (2) (dumpster in Return/Fill Shelter) 375 gallon tank: (1) (2) (dumpster in Return/Fill Shelter)

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Arlington Heights
                    ILD 000 805 929
   12,000 gallon tank: (1) (2)
   2,992 gallon container storage area: (1) (2)
   375 gallon tank: (1) (2) (dumpster in Return/Fill Shelter)
   375 gallon tank: (1) (2) (dumpster in Return/Fill Shelter)
                ILD 000 665 869
Franklin Park
   12,000 gallon tank: (1) (2)
   8,928 gallon container storage area:
                                          (1) (2)
    375 gallon tank: (1) (2) (dumpster in Return/Fill Shelter)
                      (1) (2) (dumpster in Return/Fill Shelter)
   375 gallon tank:
Mokena
          ILD 000 665 851
   12,000 gallon tank: (1) (2)
   2,080 gallon container storage area: (1) (2)
    375 gallon tank: (1) (2) (dumpster in Return/Fill Shelter)
   375 gallon tank: (1) (2) (dumpster in Return/Fill Shelter)
          ILD 981 088 388
Urbana
    15,000 gallon tank: (1) (2)
    12,000 gallon tank: (3)
   3,140 gallon warehouse container storage area: (1) (2)
   1,092 gallon container storage area: (1) (2)
E)
   1,092 gallon container storage area:
                                          (2)
    375 gallon tank: (1) (2) (dumpster in Return/Fill Shelter)
    375 gallon tank: (1) (2) (dumpster in Return/Fill Shelter)
Pekin
         ILD 093 862 811
    20,000 gallon tank: (1) (2)
    10,000 gallon tank: (4)
   4,728 gallon warehouse container storage area: (1) (2)
D)
    2,184 gallon container storage area: (1) (2)
    375 gallon tank: (1) (2) (dumpster in Return/Fill Shelter)
   375 gallon tank: (1) (2) (dumpster in Return/Fill Shelter)
Caseyville
              ILD 981 097 819
   15,000 gallon tank: (1) (2)
   42,912 gallon container storage area: (1) (2)
   3,888 gallon container storage area: (1) (2)
C)
    375 gallon tank: (1) (2) (dumpster in Return/Fill Shelter)
   375 gallon tank: (1) (2) (dumpster in Return/Fill Shelter)
```

Categories

- (1) Existing unit which has interim status to store non-TC RCRA regulated hazardous waste.
- (2) Existing unit which had stored TC wastes prior to September 25, 1990, and will continue to store them.
- (3) Existing unit which has not stored TC wastes prior to September 25, 1990, but which is proposed to store them in the future.

- (4) Unit proposed, but not yet constructed, for the storage of any hazardous wastes.
- (5) Unit which has not stored, and is not proposing to store hazardous wastes.

2. Description of Waste Streams

Listed below is a description of the waste streams managed at the Illinois facilities. The categories are listed at the end of the section.

Spent Mineral Spirits

EPA Waste Codes: D001 and the codes listed in the "NOTE" below

Category: (1) Process Code: SO2

Spent Mineral Spirits Dumpster Sediment

EPA Waste Codes: DOO1 and the codes listed in the "NOTE" below

Category: (1) Process Code: SO1

Dry Cleaning Waste

EPA Waste Codes: D001 and the codes listed in the "NOTE" below

Category: (1) Process Code: SO1

Paint Waste:

EPA Waste Codes: D001, F003, F005 and the codes listed in the "NOTE"

below

Category: (1) Process Code: SO1

Immersion Cleaner (IC) (will be phased out as customers switch to the new

formula)

EPA Waste Codes: F002, F004 and the codes listed in the "NOTE" below

Category: (1) Process Code: SO1

Immersion Cleaner (IC) (New Formula)

EPA Waste Codes: codes listed in the "NOTE" below

Category: (2) Process Code: SO1

Industrial Solvents (Caseyville facility only)

EPA Waste Codes: Dool, Fool, Foo2, Foo3, Foo5 and the codes listed in the

"NOTE" on previous page

Category: (1) Process Code: SO1

Spent Ethylene Glycol (Antifreeze)

EPA Waste Codes: codes listed in the "NOTE" on previous page

Category: (3) Process Code: SO2

<u>Categories</u>

- (1) Waste stream managed as a hazardous waste under the RCRA permit prior to September 25, 1990.
- (2) Waste stream managed as a nonhazardous waste prior to September 25, 1990.
- (3) Waste stream not managed prior to September 25, 1990 although the Company had made a substantial commitment to handling this waste stream and was managing it at other locations prior to September 25, 1990.

Shown below is the estimated annual quantity in tons of each waste stream managed at the sites. The letters refer to the unit(s) in which the waste stream is managed.

	Schaumburg	Arl. Hts.	Franklin Pk.	Mokena	Urbana	Pekin	Caseyville
Spent MS	2892-A	1714-A	1927-A	1440-A	564-A	722-A	1344-A
Spent MS dumpster sediment	8-D	8-B	*	7-B	6-D	7-D	40-B,C
Dry Cleaning Waste	488-D	753-B	367-B	336-B	53-C	141-C	592-B,C
Paint Waste	*	*	*	*	100-D	100-D	1000-B
IC	91-D	50-B	51-B	37-B	30-C,D	36-C	172-B,C
IC (new)	91-D	50-B	51-B	37-B	30-C,D,E	36-C	172-B,C
Chlorinated Industrial Solvents	*	*	sk:	*	*	*	1419-B
Spent Antifreeze	*	*	*	*	2000-В	2000-B	*

^{*} indicates waste stream not managed in storage units at this facility

Please contact me on extension 2246 if you have any questions or require further information.

Sincerely,

Ellen J. Jurczak, P.E.

Environmental Permits Manager

EJJ/dfh

Illinois Branch Managers (5-034-01, 5-034-03, 5-034-04, 5-034-05, 5-033-01, 5-160-02, 5-136-01, 0-007-52)

P. Jefferson P. Pederson

A. Pendry

J. Zimmerman



Certified Mail - Return Receipt Requested

September 5, 1990

Valdas Adamkus, Regional Administrator U. S. EPA Region V RCRA Activities Waste Management Division P.O. Box A3587 Chicago, IL 60690



Subject:

Safety-Kleen Corp. Service Centers

 Schaumburg, IL
 ILD 079749073

 Arlington Heights, IL
 ILD 000805929

 Franklin Park, IL
 ILD 000665869

 Mokena, IL
 ILD 000665851

 Urbana, IL
 ILD 981088388

 Caseyville, IL
 ILD 981097819

 Pekin, IL
 ILD 093862811

Dear Mr. Adamkus:

This letter has been prepared in response to the introduction of the TCLP regulations which will take effect on September 25, 1990. In accordance with 40 CFR 270.72(a)(1), Safety-Kleen has enclosed Part A permit applications for the subject facilities, which are currently operating under interim status, to include the following waste codes:

D004	D023	D034
D005	D024	D035
D007	D025	D036
D009	D026	D037
D010	D027	D038
D011	D028	D039
D018	D029	D040
D019	D030	D041
D021	D032	D042
D022	D033	D043

The Part B permit applications for these facilities are in the process of being revised and will be submitted to the Illinois EPA upon completion.

Mr. Valdas Adamkus September 5, 1990 Page TWO

If you have any questions or need further information, please contact Paul Pederson on extension 2551 or me on extension 2246.

Sincerely,

Ellen J. Jurczak, P.E.

Environmental Permits Manager

EJJ/dfh

cc: Illinois EPA

Illinois Branch Managers (5-034-01, 5-034-03, 5-034-04,

5-034-05, 5-033-01, 5-036-01, 5-160-02, 0-007-52)

P. Jefferson, Chicago Reg. Mgr.

J. Zimmerman, St. Louis Reg. Mgr.

P. Pederson

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XI. Nature of Business (provide a brief description)

THIS FACILITY INCLUDES A LOCAL SALES/SERVICE OFFICE AND ACCUMULATION/DISTRIBUTION WAREHOUSE AND TANKS FOR SPENT SOLVENTS AND ANTIFREEZE (WHICH ARE RECLAIMED BY SAFETY-KLEEN AT A DIFFERENT LOCATION) AND PRODUCTS (WHICH INCLUDE SMALL PARTS CLEANING EQUIPMENT, SOLVENTS, ANTIFREEZE, HAND CLEANER, FLOOR SOAP AND OTHER ALLIED PRODUCTS). SAFETY-KLEEN COLLECTS THE SPENT SOLVENT AND ANTIFREEZE FROM ITS CUSTOMERS ON A PERIODIC BASIS AND ACCUMULATES IT, EITHER IN A STORAGE TANK OR IN A CONTAINER STORAGE AREA. THE MAJORITY OF SAFETY-KLEEN'S CUSTOMERS ARE CONDITIONALLY EXEMPT SMALL QUANTITY GENERATORS. ONCE A SUFFICIENT QUANTITY OF SPENT MATERIAL IS COLLECTED, A TANKER TRUCK OR BOX TRAILER TRUCK IS DISPATCHED FROM A SAFETY-KLEEN RECLAMATION FACILITY TO COLLECT THE WASTE AND BRING IT TO THE RECLAMATION FACILITY FOR ITS MANAGEMENT.

XII. Process - Codes and Design Capacities

- A. PROCESS CODE Enter the code from the list of process codes below that best describes each process to be used at the facility. Twelve lines are provided for entering codes. If more lines are needed, attach a separate sheet of paper with the additional information. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided in item XIII.
- B. PROCESS DESIGN CAPACITY For each code entered in column A, enter the capacity of the process.
 - 1. AMOUNT -Enter the amount. In a case where design capacity is not applicable (such as in a closure/post-closure or enforcement action) enter the total amount of waste for that process unit.
 - 2. UNIT OF MEASURE For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.
- C. PROCESS TOTAL NUMBER OF UNITS Enter the total number of units used with the corresponding process code.

PROCES CODE	SS PROCESS	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	UNIT OF MEASURE	UNIT OF MEASURE CODE
	DISPOSAL:		GALLONS	G
D79	INJECTION WELL	GALLONS; LITERS; GALLONS PER DAY;		
		OR LITERS PER DAY	GALLONS PER HOUI	M.,,E
D80 D81	LANDFILL LAND APPLICATION	ACRE-FEET OR HECTARE-METER	GALLONS PER DAY	U
D81 D82	OCEAN DISPOSAL	ACRES OR HECTARES GALLONS PER DAY OR LITERS PER DAY	LITERS	1
D83	SURFACE IMPOUNDMENT	GALLONS OR LITERS		
		GAELONG ON ENEMO	LITERS PER HOUR .	H
	STORAGE:		LITERS PER DAY	v
S01	CONTAINER	GALLONS OR LITERS		
S02	(barrel, drum, etc.) TANK	CALLONS OF LITERS	SHORT TONS PER H	OUR D
302 \$03	WASTE PILE	GALLONS OR LITERS CUBIC YARDS OR CUBIC METERS	METRIC TONS PER I	HOUR W
S04	SURFACE IMPOUNDMENT	GALLONS OR LITERS	SHORT TONS PER D	AY N
	IREAIMENT:		METRIC TONS PER L	DAY S
T01	TANK	GALLONS PER DAY OR LITERS PER DAY		
T02	SURFACE IMPOUNDMENT	GALLONS PER DAY OR LITERS PER DAY	POUNDS PER HOUR	?J
T03	INCINERATOR	SHORT TONS PER HOUR; METRIC TONS PER HOUR: GALLONS PER HOUR:	KILOGRAMS PER HO	OURR
		LITERS PER HOUR; OR BTU'S PER HOUR	CUBIC YARDS	Y
T04	OTHER TREATMENT	GALLONS PER DAY; LITERS PER DAY;	CUBIC METERS	c
	(Use for physical, chemical.	POUNDS PER HOUR; SHORT TONS PER	ACRES	
	thermal or biological treatment	HOUR; KILOGRAMS PER HOUR; METRIC	ACRE-FEET	٨
	processes not occurring in tanks, surface impoundment or	TONS PER DAY; METRIC TONS PER HOUR: OR SHORT TONS PER DAY		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Incinerators. Describe the processes in the space	HOUR, OR SHORT TORS PER DAT	HECTARES	Q
	provided in Item XIII.)		HECTARE-METER	
			BTU's PER HOUR	k

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- A. EPA HAZARDOUS WASTE NUMBER Enter the four-digit number from 40 CFR, Part 261 Subpart D of each listed hazardous waste you will handle. For hazardous wastes which are not listed in 40 CFR, Part 261 Subpart D, enter the four-digit number(s) from 40 CFR, Part 261 Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.
- B. ESTIMATED ANNUAL QUANTITY For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.
- C. UNIT OF MEASURE For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS	P	KILOGRAMS	K
TONS	7	METRIC TONS	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES

1. PROCESS CODES:

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item XII A. on page 3 to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous waste: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item XII A. on page 3 to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that processes that characteristic or toxic contaminant.

NOTE: THREE SPACES ARE PROVIDED FOR ENTERING PROCESS CODES. IF MORE ARE NEEDED:

- 1. Enter the first two as described above.
- 2. Enter "000" in the extreme right box of item XIV-D(I).
- 3. Enter in the space provided on page 7, Item XIV-E, the line number and the additional code(s).
- 2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form (D.(2)).

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER - Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
- 2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
- 3. Repeat step 2 for each EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM XIV (shown in line numbers X-1, X-2, X-3, and X-4 below) - A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

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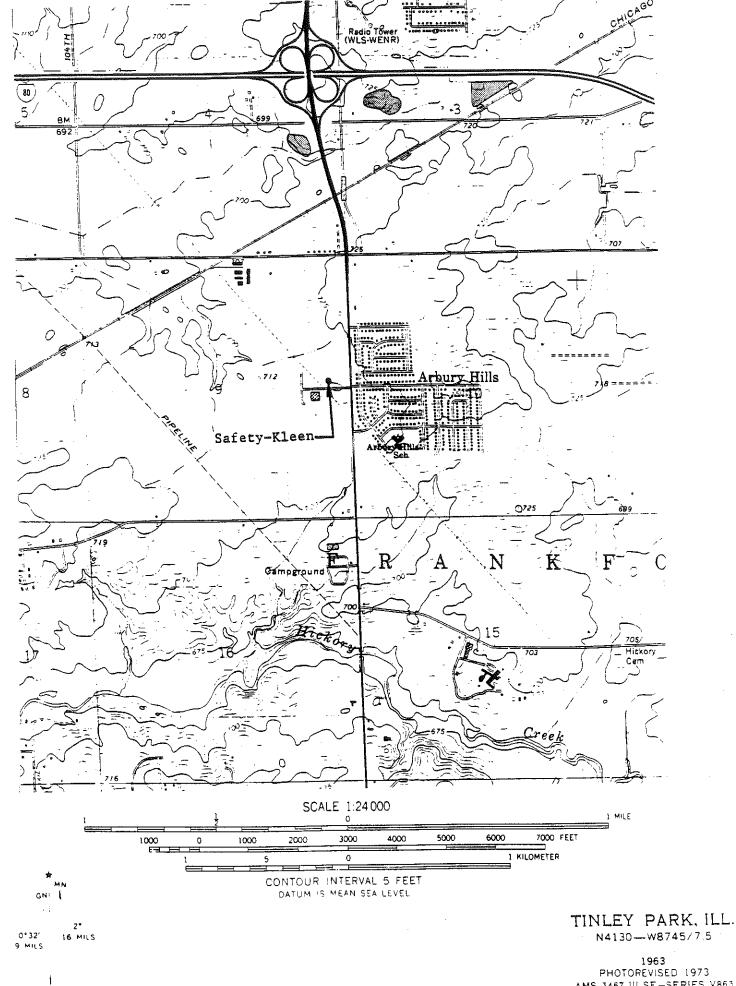
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EPA Form 8700-12 (6-80)

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

additional waste code

CONTINUE ON REVERSE

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IX. DESCRIPTION OF HAZ	ARDOUS WASTES (cor	itinued from front	アンドルドルド		
A. HAZARDOUS WASTES FRO waste from non-specific sour				0 CFR Part 261.31 for	each listed hazardous
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B. HAZARDOUS WASTES FRO specific industrial sources you				Part 261.32 for each li	sted hazardous waste from
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D. LISTED INFECTIOUS WAST	FS Enter the four digit no	- 26 l	Part 261 24 for cook	listed begandous waste	from bossitate veteriorsy
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E. CHARACTERISTICS OF NO hazardous wastes your installa				onding to the character	ristics of non—listed
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X 1. IGNITABLE (D001)	2. COF (⊠002)	ROSIVE	3. REACT: (D003)		<u> X </u> 4. TOXIC D000
X, CERTIFICATION					
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EPA Form 8700-12 (6-80) REVERSE

UNITE_S._ES ENVIRONMENTAL PROTECTIO. 46_CY REGION V

Dave

DATE:	4/18/85
SUBJECT:	Installation Name Safety-Kleen Corp 5-034-05 Installation Address 9631 W 194th Pl, Makena, K
	Installation Address 9631 W 194th Pl, Mokena, 12
	EPA ID# 14D000665851
FROM:	Judy Greenberg, AIS To BAKER S [10] BAKER
TO:	Technical Programs Section, Unit
	Attention:
	Attached for your review is a copy of subseq. notif w/TSD
	for the above-referenced facility. PLEASE RETURN THIS FORM ALONG WITH ALL ATTACHED MATERIAL TO ME FOR FORWARDING TO AIS STAFF OR TO FILE. Cover letter date 4/3/85
	Rec'd in Region $4/8/85$
	Rec'd in AIS $4/9/85$
	Copy sent to
	ACTION REQUIRED File in Part A. D. Cuilson 5-8-85
	REVIEWER'S SUMMARY

PLEASE RETURN THIS FORM ALONG WITH ALL RELATED MATERIAL TO JUDY GREENBERG, AIS





WMD-RAIU EPA, REGION V

April 3, 1985

U.S. EPA Region V Waste Management Division (5HW13) Federal Building 230 South Dearborn Chicago, IL 60604 RECEIVED

APR S 1985

WASTE MANAGEMENT BRANCH

Dear Sir:

On January 4, 1985, U.S. EPA published in the Federal Register a Final Rule redefining the definition of solid waste. This regulation substantially alters the definitions of solid waste and hazardous waste, and the relationship of recycling activities to these definitions. This change in conjunction with the Solid and Hazardous Waste Amendments of 1984, which extended the program to small quantity generators, has substantially altered Safety-Kleen's regulatory status and required the submittal of revised Notifications of Hazardous Waste Activity.

The attached Notifications of Hazardous Waste Activity have been submitted to reflect the current regulatory status of Safety-Kleen's facilities. Safety-Kleen's ongoing programs to serve small quantity generators of hazardous waste from non-specific sources require the addition of "F" category materials to the Notification as well as change in status to Generator, Transporter, and TSDF.

If additional information is required, please contact Mr. Kevin Hersey, Manager Environmental Engineering at ext. 2212.

BEE/11

Burton E. Ericson Vice President General Counsel Page 2 U.S. EPA Region V April 3, 1985

cc: Division of Land Pollution Control
Illinois Environmental Protection Agency
2200 Churchill Road
Springfield, IL 62706

Hazardous Waste Management Branch Indiana State Board of Health 1330 West Michigan Street Indianapolis, IN 46206

Division of Solid and Hazardous Waste Management Ohio EPA 361 East Broad Street Columbus, OH 43215

Office of Hazardous Waste Management Dept. of Natural Resources P. O. Box 30038 Lansing, MI 48909

Division of Solid and Hazardous Waste Minnesota Pollution Control Agency 1935 West County Road B2 Roseville, MN 55113

Hazardous Waste Management Section Bureau of Solid Waste Management Dept. of Natural Resources P. O. Box 7921 Madison, WI 53707



ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY (VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA Form 8700-12B (4-80)		09/28/81		
INSTALLATION ADDRESS		9631 W 194TH PLACE MOKENA	IL	60448
		SAFETY-KLEEN CORP 655 BIG TIMBER RD ELGIN	5-034-05 IL	60120
EPA I.D. NUMBER	•	ILD000665851	REACKNOWLE	GEMENT

Form Proved OMB No. 158-S79016

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous										
A. HAZARDOUS WAS LES FROM waste from non—specific source				FH Part 261.31 for e	ach listed nazardous					
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	FIOO									
F 0 0 2	F 0 0 4 23 23 23	26 2	3 26	23 - 26	23 25					
2.	8	9	10	18	12					
23 25	23 - 26 23			23 - 26	23 - 26					
B. HAZARDOUS WASTES FROM specific industrial sources your				ft 261,32 for each list	ed hazardous waste from					
13	14	15	16	17	18					
23 - 26	23 - 26 23			23 - 26	23 26					
19	20	21	22	23	24					
23 26	23 - 26 23 26	26 2	3 26	23 - 26 29	23 - 26 30					
	23 . 26	26 2	3 - 76	23 3 26	23 26					
C. COMMERCIAL CHEMICAL P	RODUCT HAZARDOUS V		ur-digit number from		for each chemical sub-					
stance your installation handle	s which may be a hazardou	s waste. Use additiona	I sheets if necessary.							
31	32	33	34	35	36					
23 - 25	23 - 26 23		3 - 26	23 - 26	23 - 26					
37	38	39 	40	41	42					
23 - 26 43	23 - 26 23 44	- 26 2 45	3 <u>- 26</u> 46	23 - 26 47	23 - 26 48					
	23 - 26 23	26 2	1 25	23 - 26	23 25					
D. LISTED INFECTIOUS WAST	ALL COLOR CONTROL OF CONTROL C	una aratza binaria da la cara da basa da cara	A STATE OF THE PROPERTY OF THE	and the second s	rom hospitals, veterinary					
hospitals, medical and research	laboratories your installat	ion handles. Use addit	ional sheets if necessar	γ.						
49	50	51	52	53	54					
23 - 26	23 - 26 23	26 2		23 - 26	23 - 26					
E. CHARACTERISTICS OF NON hazardous wastes your installat	LISTED HAZARDOUS tion handles. (See 40 CFR	WASTES. Mark X T Parts 261.21 — 261.24	n the boxes correspond ()	aing to the characteri	stics of non—listed					
		ROSIVE	∏3. REACTIVE		∐ 4. тохіс					
∐1. IGNITABLE (D001)	□2. COI (D002)	KHOSIVE	(D003)		□4. TOXIC 2000)					
X. CERTIFICATION										
I certify under penalty of attached documents, and the I believe that the submitted mitting false information, in	iat based on my inquiry Linformation is true, ac	v of those individua ccurate, and comple	ils immediately resp te. I am aware that	onsible for obtain	ing the information,					
SIGNATURE		NAME & OFFICIAL	TITLE (type or print)	or programme to the state of the deli-	DATE SIGNED					
Theodore H.	muelle	THEODORE H.			August 12 1020					
Environmental Engineer August 12, 1980										

The state of the s

EPA Form 8700-12 (6-80) REVERSE

Closure 276



December 2, 1986 SR 86-423

Mr. Lawrence W. Eastep, P.E.
Permit Section Manager
Division of Land Pollution Control
Illinois Environmental Protection Agency
2200 Churchill Road
Springfield, IL 62706

Dear Mr. Eastep:

Attached you will find Certifications Regarding Potential Releases from Solid Waste Management Units for Safety-Kleen's facilities in Pekin and Mokena.

If you have any questions or need further information to evaluate the partial closure plans for these facilities, please call me on extension 2223.

Sincerely,

Sue Ryan

Environmental Engineer

SR/ber

Attachment

RECEIVED

DEC -4 1986

IEPA.DLPC

CERTIFICATION REGARDING POTENTIAL RELEASES FROM SOLID WASTE MANAGEMENT UNITS (CLOSURE PLAN REVIEW)

FACILITY NAME:	Safety-Kleen Corp. (5-]36-0])	
EPA I.D. NUMBER:	ILD093862811	
LOCATION CITY:	Pekin	
STATE:	Illinois RECEN	VEN
1. Are there any o closed) at your CURRENTLY SHOWN	Tillinois RECENT OFC 4 7 f the following solid waste management units (existing or facility? NOTE - DO NOT INCLUDE HAZARDOUS WASTES UNITS IN YOUR PART A APPLICATION and in your closure plan.	'986 c
Storage Tank Container St Injection We Wastewater T Transfer Sta Waste Recycl Waste Treatm Other If there are "Y provide a descr of in each unit would be consid RCRA. Also inc disposed on and of each unit an a site plan if	(Above Ground) (Underground) Orage Area Ils reatment Units tions ing Operations ent, Detoxification Es" answers to any of the items in Number 1 above, please iption of the wastes that were stored, treated or disposed. In particular, please focus on whether or not the wastes ered as hazardous wastes or hazardous constituents under lude any available data on quantities or volume of wastes the dates of disposal. Please also provide a description d include capacity, dimensions, location at facility, provide available.	
A 1000 gal	lon underground tank was used prior to 1982 to store	
spent mine	ral spirits solvent. The tank is no loner in use and is	
believed t	be empty. It will be removed during the partial closure	
of the fac	ility. The solvent became regulated (D001/D008) under the	
January 4,	1985 redefinition of solid waste.	

NOTE: Hazardous waste are those identified in 40 CFR 261. Hazardous constituents are those listed in Appendix VIII Of 40 CFR Part 261.

	For the units noted in Number 1 above and also those hazardous waste units in your Part A application and in your closure plan. please describe for each unit any data available on any prior or current releases of hazardous wastes or constituents to the environment that may have occurred in the part or still be occurring.
	Please provide the following information
	 a. Date of release b. Type of waste released. c. Quantity or volume of waste released d. Describe nature of release (i.e., spill, overflow, ruptured pipe or tank, etc.)
	No releases of hazardous wates or constituents are known to have
	occurred at the facility.
4.	In regard to the prior releases described in Number 3 above, please provide (for each unit) any analytical data that may be available which would describe the nature and extent of environmental contamination that exists as a result of such releases, Please focus on concentrations of hazardous wastes or constituents present in contaminated soil or groundwater. Not applicable
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the submittal is, to the best of my knowledge and belief, true, accurate, and complete. 1 am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. (42 U.S.C. 6902 et seq. and 40 CFR 270.11(d))
	prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the submittal is, to the best of my knowledge and belief, true, accurate, and complete. 1 am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. (42 U.S.C. 6902 et seq. and 40 CFR 270.11(d)) Burton E. Ericson, Vice President/General Counsel
	prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the submittal is, to the best of my knowledge and belief, true, accurate, and complete. 1 am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. (42 U.S.C. 6902 et seq. and 40 CFR 270.11(d))

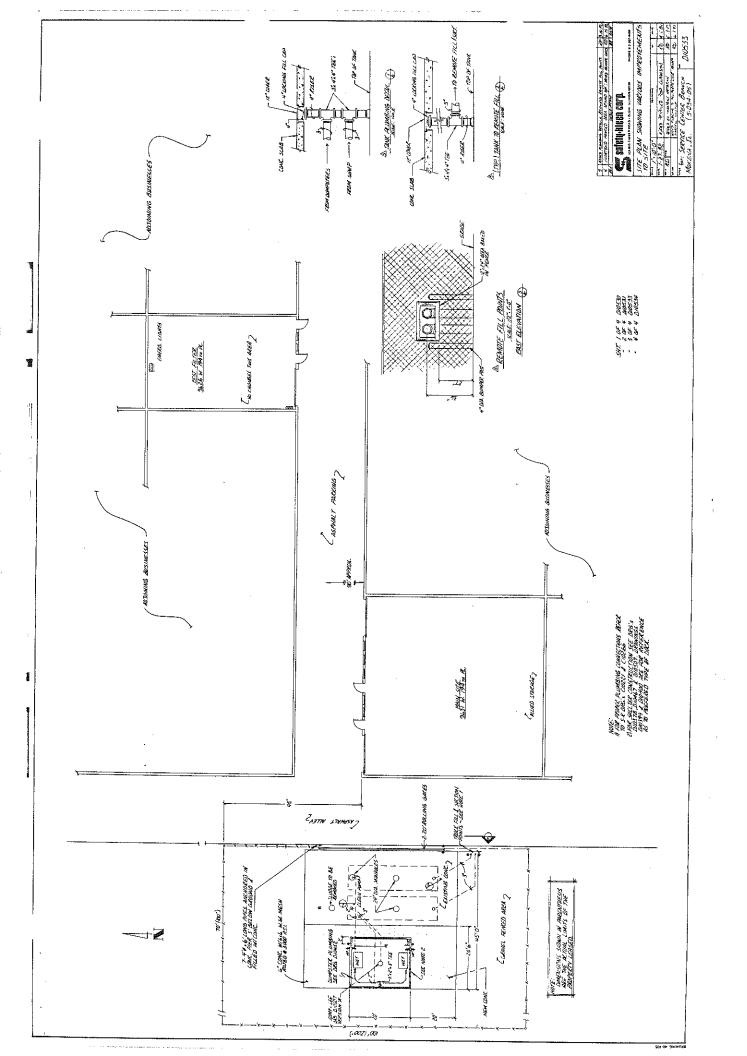
FPA-OLPC

CERTIFICATION REGARDING POTENTIAL RELEASES FROM SOLID WASTE MANAGEMENT UNITS (CLOSURE PLAN REVIEW)

FACILITY NAME:	Safety-Kleen Corp.	(5-034-05)	The state of the s	
A I.D. NUMBER:	ILD 000665851			AND THE RESIDENCE OF THE PARTY
CATION CITY:	Mokena		To be	· · · · · · · · · · · · · · · · · · ·
STATE:	Illinois			
elacad) at value	of the following solid r facility? NOTE - <u>NO N</u> N IN YOUR PART A APPLIC	IOT INCLUDE HAZAI	KUUUS WASI	E2 ONTI2
Storage Tan Container S Injection W Wastewater Transfer St Waste Recyc Waste Treat Other If there are provide a desc of in each unwould be const RCRA. Also in disposed on as of each unit a site plan in	k (Above Ground) k (Underground) torage Area ells Treatment Units ations ling Operations ment, Detoxification Yes* answers to any of cription of the wastes it. In particular, ple idered as hazardous was not ude any available da not the dates of disposa and include capacity, of	the items in Notate that were stored ase focus on who ites or hazardous ita on quantitie it. Please also imensions, loca	o, treated ether or no s constitutes or volume provide a tion at fa	or disposed to the waste lents under me of wastes description acility, prov
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		ahad adta mlan)		
out and fille	d with sand. (See atta	ched site plan).	a	
out and fille	d with sand. (See atta	ched site plan).		-

NOTE: Hazardous waste are those identified in 40 CFR 261. Hazardous constituents are those listed in Appendix VIII Of 40 CFR Part 261.

3.	For the units noted in Number 1 above and also those hazardous waste units in your Part A application and in your closure plan. please describe for each unit any data available on any prior or current releases of hazardous wastes or constituents to the environment that may have occurred in the part or still be occurring.
•	Please provide the following information
-	 a. Date of release b. Type of waste released . c. Quantity or volume of waste released d. Describe nature of release (i.e., spill, overflow, ruptured pipe or tank, etc.)
	No releases are known to have occurred at this facility.
4.	In regard to the prior releases described in Number 3 above, please provide (for each unit) any analytical data that may be available which would describe the nature and extent of environmental contamination that exists as a result of such releases, Please focus on concentrations of hazardous wastes or constituents present in contaminated soil or groundwater. Not applicable
	Not applicable
-	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the submittal is, to the best of my knowledge and belief, true, accurate, and complete. 1 am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. (42 U.S.C. 6902 et seq. and 40 CFR 270.11(d))
•	Burton E. Ericson, Vice President/Legal Counsel
	Typed Name and Title
	Signature 2(11/86) Date



Please print or type in the unshaded areas only (fill—in areas are spaced for elite type, i.e., 12 characters/inch.	J.			Form Approved OMB	No. 158-R	0175	
FORM U.S. ENVIRO	NME			ATION IL EPA I.D. NUMBER	94 10 A	建二共	T/A C
CO	nsolic	dated	Permits Pr	before starting.)	6,6,5	8 5	1 D
LABEL ITEMS I. EPA I.D. NUMBER	/	/		If a preprinted label it in the designated s	has been	provide	ed, affix inform-
III. FACILITY NAME	/	/	1/1	ation carefully; if any through it and enter	of it is the corre	incorre	ct, cross a in the
7//////////////////////////////////////	ICE	LAI	BEL IN	appropriate fill—in and the preprinted data is left of the label spathat should appear), proper fill—in area(s)	absent (1 ce lists to please pro below.	the are the info ovide i If the	a to the ormation t in the label is
VI. FACILITY LOCATION				complete and correct, items I, III, V, and must be completed items if no label has the instructions for	VI (exce regardless) been pro- detailed	pt VI- l. Com vided, item	B which plete all Refer to descrip-
		//		tions and for the le which this data is colle	gal autho cted.	rizatio	ns under
II. POLLUTANT CHARACTERISTICS	2. 34		, Marine,		1 1 1 1 1	li ey e	ų ir i
INSTRUCTIONS: Complete A through J to determine we questions, you must submit this form and the supplement if the supplemental form is attached. If you answer "no" is excluded from permit requirements; see Section C of the	tal fo	rm li: ach o	sted in the uestion, v	i parenthesis following the question. Mark "A" in the bound need not submit any of these forms. You may answ	er "no" if	your a	HIHILI
SPECIFIC QUESTIONS	YES	MAR	K'X' FORM ATTACHED	SPECIFIC QUESTIONS	YE	MAR	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		Х		B. Does or will this facility (either existing or proposition of the concentrated animal feeding operation aquatic animal production facility which results discharge to waters of the U.S.? (FORM 2B)	n or in a	Х	- S
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in		Х	18	D. Is this a proposed facility (other than those desc. in A or B above) which will result in a discharge waters of the U.S.? (FORM 2D)	ribed ge to	χ	21
A or B above? (FORM 2C) E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	χ			F. Do you or will you inject at this facility industr municipal effluent below the lowermost stratum taining, within one quarter mile of the well underground sources of drinking water? (FORM 4	ial or con- bore,	X	33
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid		Х	30	H. Do you or will you inject at this facility fluids fo cial processes such as mining of sulfur by the F process, solution mining of minerals, in situ contion of fossil fuel, or recovery of geothermal en (FORM 4)	r spe- rasch nbus- ergy?	X X 38	39
hydrocarbons? (FORM 4) I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X X	36	J. Is this facility a proposed stationary source wh NOT one of the 28 industrial categories listed instructions and which will potentially emit 250 per year of any air pollutant regulated under the Air Act and may affect or be located in an attain area? (FORM 5)	ich is n the I tons Clean iment	X X	
III. NAME OF FACILITY	U au	NO.88	eallas.			Committee	
1 SKIP S A F E T Y - K L E E N C O	RP		5 - 0	3 4 - 0 5	69		
IV. FACILITY CONTACT	100		4412 B.45				
A. NAME & TITLE (last, fi	irst, d	V .	111	B. PHONE (area code & n	, 6, 0		
V: FACILITY MAILING ADDRESS	Sept.			45 46 - 48 49 - 51 52	- 55		- A
A. STREET OR P.O.	вох	Company of					
3 7, 7, 7, B I G T. I. M. B. E. R. R O	AI	<u>.</u>	· · ·	43			
B, CITY OR TOWN				C.STATE D. ZIP CODE			
4 E.L.G.I.N.	1 1			I L 6.0.1.20 5 5 5] W [BII	
VI. FACILITY LOCATION		2				i la la	1 4
A. STREET, ROUTE NO. OR OTHER		IFIC	IDENTIF	JUL 05	985		
18 10	C, E,			4B			
B. COUNTY NAME	T 1	T		U.S. EPA, REGIO	NY		
C. CITY OR TOWN		7		D.STATE E. ZIP CODE F. COUNTY COL	DE		
TAM O K E N A	10. at	100	SEC. 953.				

CONTINUED FROM THE FRONT		``	
VII. SIC CODES (4-digit, in order of priority)			
A. FIRST	<u> </u>	B. SECOND (specify)	
Business Services N.	E.C. 7 5.	1.7.2 Petroleum Produc	t Wholesalers
C. THIRD	<u> </u>	D, FOURTH	- 100 - 100
7 5 0 8 4 Industrial Machinery	7 5	0.1.3 Automotive Parts	and Supplies
VIII. OPERATOR INFORMATION			
	A. NAME		B. Is the name listed in Item VIII-A also the Owner?
8 SAFETY - KLEEN COR	P. ELGIN, I	L,	□YES ÖNO
15 18			39 66
C. STATUS OF OPERATOR (Enter the approximately follows) F = FEDERAL	e Total englisher i paradot de satur rede proprieta de l'addition de l'addition de l'addition de la compara de	"Other", specify.) A 3 1	HONE (area code & no.) 2 6 9 7 8 4 6 0
P = PRIVATE E. STREET OR	96	115 188 -	08 18 × 21 22 - 28
E, STREET OR	T T T T T T T T T T T T T T T T T T T		
<u>7,7,7, B,I,G,T,I,M,B,E,R,R</u>	<u>OAD,,,,,,,,</u>		
F. CITY OR TOWN		STATE H. ZIP CODE IX, INDIAN	
BELGIN		IL 60120 sthe facility	located on Indian lands?
19 16		41 42 47 - 51	
X. EXISTING ENVIRONMENTAL PERMITS			
A. NPDES (Discharges to Surface Water)	C T C T C T C T C T C T C T C T C T C T	pposed Sources)	
9 N	9 P		
B. UIC (Underground Injection of Fluids)	15 16 17 18 E. OTHER (specif)	30) //	
9 U		(specify)	
18 16 17 18 30 C. RCHA (Hazardous Wastes)	IS 16 17 18 - E. OTHER (specif	30	
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9 R · · · · · · · · · · · · · · · · · ·	9 16 17 18	30	
XI, MAP			
Attach to this application a topographic map the outline of the facility, the location of ea			
treatment, storage, or disposal facilities, and	each well where it injects fluid		
water bodies in the map area. See instructions			
XII. NATURE OF BUSINESS (provide a brief descrip			
This location is primarily a l			
products consisting of small p as hand cleaner, floor cleaner			
solvents from the customer (pr	rimarily SQG & VSQG's)	for temporary storage	at this facility.
Once a sufficient quantity of			oved off-site
in a semi trailer or tanker qu	antity to a Safety-KI	een Recycling Center.	
· I			
Private Control of the Control of th			
NOTIFICAL PROPERTY OF THE PROP	•		
XIII. CERTIFICATION (see instructions)			
I certify under penalty of law that I have pe attachments and that, based on my inquiry	rsonally examined and am famil	iar with the information submitted	in this application and all
application, I believe that the information is	true, accurate and complete. I	am aware that there are significal	ormation contained in the nt penalties for submitting
false information, including the possibility of	fine and imprisonment		
A. NAME & OFFICIAL TITLE (type or print) Burton E. Ericson	B. SIGNATURE	•	C. DATE SIGNED
Vice President/General Counsel		Men	6/4/85
COMMENTS FOR OFFICIAL USE ONLY			

Please print or type in the unshaded areas	only
(fill—in areas are spaced for elite type, i.e.,	12 characters/inch).

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revise	ed a	арр	lica	the appropriate box it tion. If this is your fire ber in Item I above.	n A or B below <i>(mar</i> st application and yo	<i>k one i</i> u alrea	box dy l	<i>only)</i> 1 know y	to ind our f	icate v acility	whether the 's EPA I.C	nis is the first). Number, o	application you or if this is a revise	are submitt d applicatio	ing for on, ente	your r you	facili r fac	ty or ility	: a s
A. F	IR X	1.	'AI	PLICATION (place ISTING FACILITY (Se C	an "X" below and p ee instructions for de omplete item below.	finitio	the n of	approp "exist	riate ing")	date) facility			2.NEW FA	CILITY (Co	omplete FOR N PROVI	EW F	ACI	LITE	ES,
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III.	PR	O	CES	SES – CODES ANI	DESIGN CAPAC	CITIES	S												
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SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code~"T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

IV. DESCRIPTION OF HAZARDOUS WASTES

- A. EPA HAZARDOUS WASTE NUMBER Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.
- B. ESTIMATED ANNUAL QUANTITY For each listed waste entered in column A estimate the quantity of that weste that will be handled on an annual basis, For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.
- C. UNIT OF MEASURE For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE		METRIC UNIT OF	MEASURE	CODE
POUNDS	P		KILOGRAMS		K
TONS.			METRIC TONS		M .
	KING KANDUNG TANUNG PANGKAN NEUTRAN KANDAN	化二醇 计虚字字列 化二醇二甲二醇醇二醇二醇			

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES

1. PROCESS CODES:

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code/s/ from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes, If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- 1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B,C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
- In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
- 3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) - A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

Zo	H	AZ AS7	ľEI	D. VO	B. ESTIMATED ANNUAL QUANTITY OF WASTE	01	UN MI UR ente	EA- E er			1.		ISS CODI	The second second	D. PROCESSES 2. PROCESS DESCRIPTION (if a code is not entered in $D(I)$)
X-1	K	0	5	4	900		P		T	0.	3 1	D 8 0			
X-2	D	0	0	2	400		P		T	0	3 1	D 8 0			
X-3	D	0	0	1	100		P		T	0.	3 1	ס'8'ס			
X-4	-														included with above

CONTINUE ON REVERSE

A. NAME (print or type)

including the possibility of fine and imprisonment.

Burton E. Ericson Vice President/General Counsel

PAGE 4 OF 5

documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information,

CONTINUE ON PAGE 5

V. FACILITY DRAWING (see page 4)

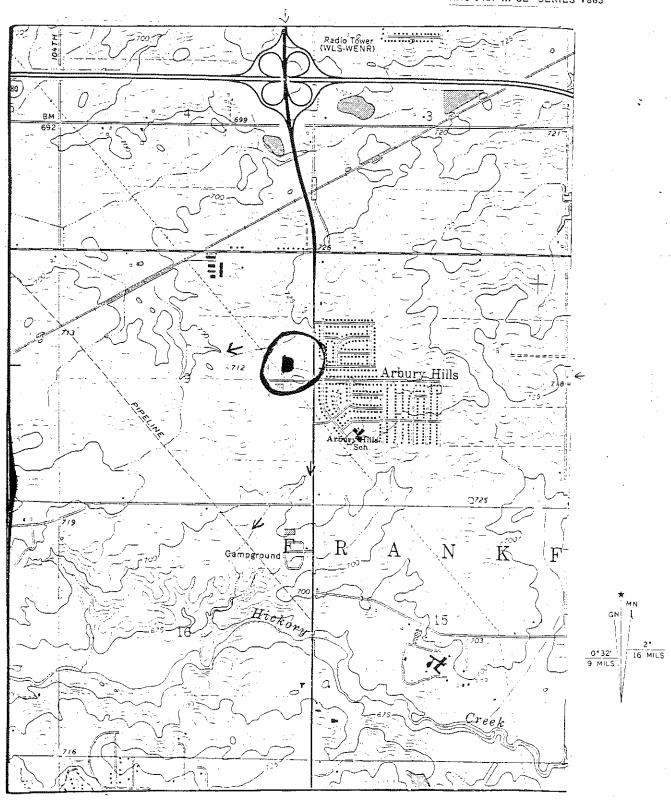
SALES OFFICE & NAREHOUSE 60"X 60" SPENT PRUM 194th PLACE 75, ,08

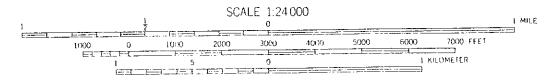
655 BIG TIMBER ROAD • ELGIN, ILLINOIS 60120

PHONE 312/697-8460

9631 W. 194th PLACE, MOKENA Il., 60448 (5.034.94)

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AMS 3467 III SE-SERIES V863





fill—in areas are spaced for eli	te type, i.e., 12 charr 🤏 (inch).	OTECTION AGENCY	COM Approved OMB No. 15	58-R0175
FORM SEP	SENERAL INFO Consolidated Perm (Read the "General Instruction	RMATION its Program	FILDOGOGG	, 5, 8, 5, 1 D
LABEL ITEMS I. EPA I.D. NUMBER			If a preprinted label has be it in the designated space.	een provided, affix Review the inform-
III. FACILITY NAME			ation carefully; if any of it through it and enter the of appropriate fill—in area bel	correct data in the ow. Also, if any of
V FACILITY MAILING ADDRESS	PLEASE PLACE LABEL	IN THIS SPACE	the preprinted data is abse left of the label space list that should appear), please proper fill—in area(s) belo complete and correct, you	ts the information provide it in the w, If the label is
VI. FACILITY LOCATION	NOTE It is the opinion of that the used solvent mate herein are not wastes and hazardous wastes. To insu	rials identified therefore not	Items I, III, V, and VI III, must be completed regard items if no label has been the instructions for detations and for the legal at which this data is collected.	except VI-B which lless). Complete all provided. Refer to illed item descrip-
II. POLLUTANT CHARACT INSTRUCTIONS: Comple questions, you must submi	application is being submit receiving clarification of	tted prior to the applicability operation	n forms to the EPA. If you ans	the third column
if the supplemental form is is excluded from permit req	uirements; see Section C of the instructions. Se	e also, Section D of the instruction	ns for definitions of bold—face d	i (51(11))
SPECIFIC C	QUESTIONS MARK'X.	CHED	QUESTIONS	MARK'X' YES NO FORM ATTACHED
A. Is this facility a publi which results in a disc (FORM 2A)	cly owned treatment works harge to waters of the U.S.?	include a concentrated aquatic animal product discharge to waters of the	(either existing or proposed) animal feeding operation or ion facility which results in a is U.S.? (FORM 2B)	X 18 20 21
C. Is this a facility which to waters of the U.S. (A or B above? (FORM 2	currently results in discharges other than those described in	D. Is this a proposed facili in A or B above) which waters of the U.S.? (FO	ty (other than those described h will result in a discharge to RM 2D) ect at this facility industrial or	Z X 25 26 27
hazardous wastes? (FOR	26 29 3	municipal effluent belo taining, within one q	w the lowermost stratum con- uarter mile of the well bore, drinking water? (FORM 4)	
water or other fluids which connection with con-	et at this facility any produced nich are brought to the surface rentional oil or natural gas pro- sed for enhanced recovery of	cial processes such as process solution minit	ect at this facility fluids for spe- mining of sulfur by the Frasch of minerals, in situ combus- ecovery of geothermal energy?	
oil or natural gas, or inj hydrocarbons? (FORM a l. Is this facility a propose	ect fluids for storage of liquid 1) 34 35 36 38 31 31 32 32 33 33 34 35 36 36 37 37 38 38 38 38 38 38 38 38	(FORM 4) J. Is this facility a propo NOT one of the 28 in	ised stationary source which is dustrial categories listed in the	37 38 39
per year of any air p	will potentially emit 100 tons pollutant regulated under the y affect or be located in an X // 15)	per year of any air poll	will potentially emit 250 tons utant regulated under the Clean t or be located in an attainment	
III. NAME OF FACILITY				
1 SKIP SAFETY	K. K. L. E. E. N C. O. R. P.	5 - 0 3 4 - 0 5		69
IV. FACILITY CONTACT	A. NAME & TITLE (last, first, & fille)		B. PHONE (area code & no.)	
2 STMPSON	. <u>J. E. F. R. E. Y.</u> , E. N. V. I. R.	ENGINEER3.	1 2 6 9 7 8 4 6 0 35 - 51 52 51	
V. FACILITY MAILING AD	A. STREET OR P.O. BOX			
3 6 5 5 . B I G	T I M B, E, R, R, O, A, D.	C.STATE D. ZIP G		
E I I I I I I I I I I I I I I I I I I I	B. CITY OR TOWN	C.STATE D. ZIP C		
VI. FACILITY LOCATION	ET, ROUTE NO. OR OTHER SPECIFIC IDEN	NTIFIER		
5 9 6 3 1 WES	T 194TH PLACE	48		
WILL		76		
	C. CITY OR TOWN	DISTATE E ZIPC	THE REGION OF THE PERSON OF TH	
6 MOKENA	TOD A A	80 81 62 61	31 52 - 54	TINUE ON REVERS
EPA Form 3510-1 (6-80)	APR 0 6	1381	CON	HANT ALA DEAEUS

CONTINUED FROM THE FRONT VII. SIC CODES (4-digit, in order of	priority			
	. FIRST	611116	B. SECOND	
7 Business Se	rvices N.F.C.	7 5 17 17 19	pecify)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
C.	THIRD		etroleum Product Decify)	, whoresarers
VIII. OPERATOR INFORMATION	fachinery & Equipment	15 5 10 12 13 A.	tomotive Parts	
VIII. GPENAXON INFONMATION	A NAME			B. Is the name listed I
8 C. A. T. T. T. W. V. V. T. T.				owner7 ☐ YES ▼ NO
C STATUS OF OPERATOR	E' N' \cdot C' O' R' P' \cdot E' L \cdot \cdot \cdot \cdot \cdot (Enter the appropriate letter into the	TN'IL'		55 66 T
F = FEDERAL M = PUBL	C (other than federal or state) R (specify)	(specify)	(A) D 1	PHONE (area code & no.)
P = PRIVATE	E. STREET OR P.O. BOX		15 Bal -	2 8 4 6 0 25 8 22 9 25
6.5.5. R. T. C T. T. M.	Birir i Pigiri i i			
25 7 7	STY OR TOWN	G.STATE H	ZIPCODE IX, INDIAN	
B Ec. L. G. T. N.			□ Yı	y located on Indian lands? ES 🔽 NO
13 18 X. EXISTING ENVIRONMENTAL P	EDMITS	40 41 42 47	9 1 2 0 - 31 52	
A. NPDES (Discharges to Surfa	ce Water) D. PSD (Air Emi	issions from Proposed Sour	ces)	
9 N	5 T 1 9 P			
B. UIC (Underground Injection of	DESCRIPTION OF THE PROPERTY OF	OTHER (specify)	(specify)	
9 U 15 16 17 18 -	30 12 16 17 18	The state of the s	aso so	
C. RCRA (Hazardous Was	tes) E. C	OTHER (specify)	(specify)	
9 R 15 16 17 18 XI, MAP	30 15 16 17 18	*	20	
Attach to this application a top	ographic map of the area extend	ing to at least one mile l	peyond property bound	eries. The map must show
the outline of the facility, the l treatment, storage, or disposal	facilities, and each well where i	t injects fluids undergro	d discharge structures, e und. Include all spring:	ach of its hazardous waste s, rivers and other surface
water bodies in the map area. Se XII. NATURE OF BUSINESS (provide		ments.		
This location is prim	arily a local sales/se	rvice office and	warehouse for S	afety-Kleen
products consisting o	f small parts cleaning leaner, parts washing	equipment, solv	ent and allied p	roducts such as
are used with our equ	ipment. All spent sol	vents of both tv	pes are collecte	d for recycling and
solvent is exchanged	and solvent is leased for spent solvent and	the latter is tem	mporarily stored	at this location
until it is transport	ed to our solvent plan a "hazardous waste fr	ts for recycling	by distillation	. One of the two
less than 30 days in	partially filled 16 ga sified as a storage fa	llon drums in the	e warehouse. Fo	r that reason
that ractificy is clas	siffed as a scorage ra	CILITY.		a gas Maria
XIII. CERTIFICATION (see instruction	ons)			
I certify under penalty of law attachments and that, based o	that I have personally examined a	and am familiar with the	information submitted	in this application and all
application, I believe that the I	of thy inquity of those persons information is true, accurate and possibility of fine and imprisonn	l complete. I am aware	e for obtaining the info that there are significal	ormation contained in the nt penalties for submitting
A. NAME & OFFICIAL TITLE (type	or print)	NATURIA A		C. DATE SIGNED
ALLAN A. MANTEUFFEL,	VICE PRESIDENT TECHNICAL SERVICES	1. () W	Mex	November 18, 1930
COMMENTS FOR OFFICIAL USE O		WA WI IN WATER	-U11-V	
C 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
EPA Form 3510-1 (6-80) REVERS		The state of the s		33

FOR OFFICIAL USE ONLY APPRICATION DATE RECEIVED (yr., mo., & day) II. FIRST OR REVISED APPLICATION Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter you EPA I.D. Number in Item I above. A. FIRST APPLICATION (place an "X" below and provide the appropriate date) X1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.) YR. Mo. DAY FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED YR. Mo. DAY (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED	below.) FACILITIES, HE DATE Lay) OPERA-								
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	N OR IS								
15 73 74 75 76 77 78 78 78 77 78 8 78 78 78 78 78 78 7									
III. PROCESSES — CODES AND DESIGN CAPACITIES									
A. PROCESS CODE — Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are processing codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes be									
describe the process (including its design capacity) in the space provided on the form (Item III-C). B. PROCESS DESIGN CAPACITY — For each code entered in column A enter the capacity of the process.									
 AMOUNT — Enter the amount. UNIT OF MEASURE — For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit measure codes below that describes the unit measure codes. 	unit of								
measure used. Only the units of measure that are listed below should be used. PRO- APPROPRIATE UNITS OF CESS MEASURE FOR PROCESS PRO- APPROPRIATE UNITS OF CESS MEASURE FOR PROCESS CESS MEASURE FOR PROCESS									
CESS MEASURE FOR PROCESS PROCESS CODE DESIGN CAPACITY PROCESS CODE DESIGN CAPACITY Treatment:									
CONTAINER (barrel, drum, etc.) S01 GALLONS OR LITERS TANK T01 GALLONS PER DAY LITERS PER DAY									
CUBIC METERS SURFACE IMPOUNDMENT S04 GALLONS OR LITERS INCINERATOR T03 TONS PER HOUR OF METRIC TONS PER	SURFACE IMPOUNDMENT T02 GALLONS PER DAY OR LITERS PER DAY								
Disposal: INJECTION WELL D79 GALLONS OR LITERS LANDFILL D80 ACRE-FEET (the volume that OTHER (Use for physical, chemical, TO4 GALLONS PER DAY) GALLONS PER HOUR LITERS PER HOUR OTHER (Use for physical, chemical, TO4 GALLONS PER DAY)									
would cover one acre to a thermal or biological treatment depth of one foot) OR processes not occurring in tanks, HECTARE-METER surface impoundments or inciner- LAND APPLICATION D81 ACRES OR HECTARES ators. Describe the processes in									
OCEAN DISPOSAL D82 GALLONS PER DAY OR the space provided; Item III-C.) LITERS PER DAY SURFACE IMPOUNDMENT D83 GALLONS OR LITERS									
UNIT OF UNIT OF MEASURE MEASURE	UNIT OF MEASURE								
UNIT OF MEASURE CODE UNIT OF MEASURE CODE UNIT OF MEASURE GALLONSV ACRE-FEET	CODE								
LITERS L TONS PER HOUR D HECTARE-METER	В								
EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallouther can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.	ns and the								
DUP T/A C DUP	111								
M. PRO- B. PROCESS DESIGN CAPACITY CESS A. PRO- B. PROCESS DESIGN CAPACITY CESS CESS	FOR								
CODE 1. AMOUNT OF MEA- OFFICIAL OF MEA- OFFICIAL OF MEA- SURE (from list) 1. AMOUNT OF MEA- SURE (from list) 1. AMOUNT OF MEA- SURE	OFFICIAL USE ONLY								
16 - 18 19 - 27 28 29 - 32 16 - 18 19 - 27 28	29 - 32								
K-1 S 0 2 600 G 5									
K-2 T 0 3 20 E 6									
1 S 0 1 2000 G 7									
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EPA Form 3510-3 (6-80) PAGE 1 OF 5 CONTINUE O	N REVERSE								

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Ċ,	SPACE FOR ADDITIONAL	PROCESS CODES OF	FOR DESCRIBING	OTHER PROCESSES (code	104").	FOR EACH PROCESS ENTI	ERED HERE
	INCLUDE DESIGN CADAC	ITV					

IV. DESCRIPTION OF HAZARDOUS WASTES

- A. EPA HAZARDOUS WASTE NUMBER Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.
- ESTIMATED ANNUAL QUANTITY For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.
- C. UNIT OF MEASURE For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE CODE	METRIC UNIT OF MEASURE CODE
POUNDS,	KILOGRAMSK
TONS	METRIC TONS

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste

D. PROCESSES

PROCESS CODES:

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER - Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- 1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B,C, and D by estimating the total annual
- quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.

 In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
- 3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) - A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

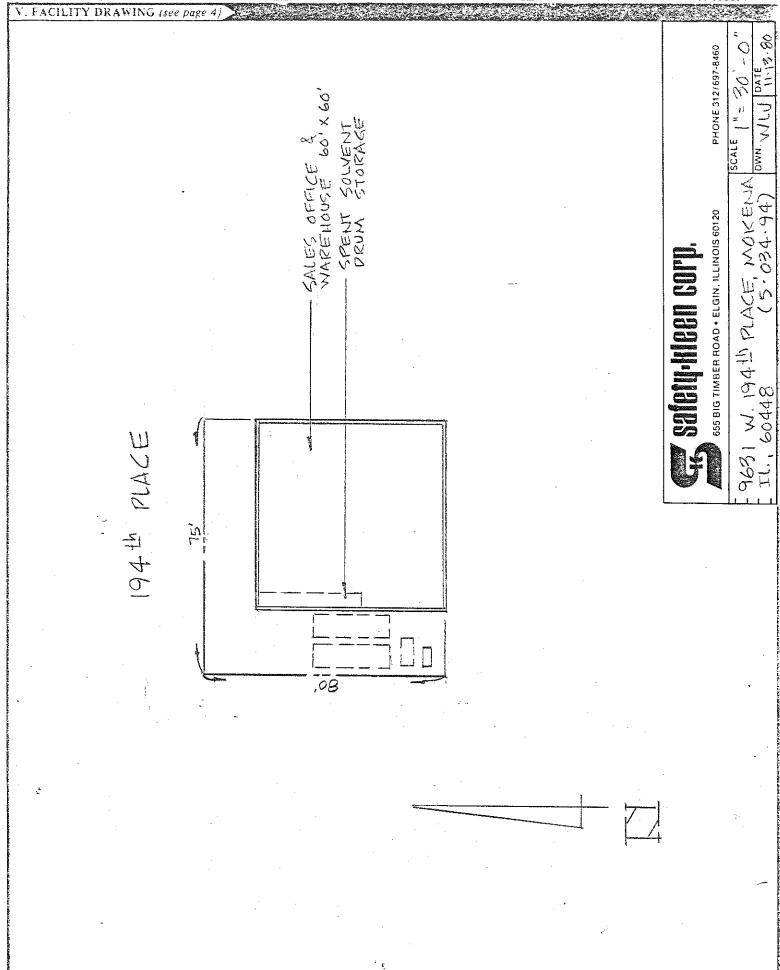
1.0			E					UNIT		D. PROCESSES										
LINE NO.	W	AS	TI	EN	0	B. ESTIMATED ANNUAL QUANTITY OF WASTE	5	URE enter ode)		. 1		1. PROCESS CODES (enter)								2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K	0)	5	4	900		P	T	0	3	D	8	3 0						
X-2	D	0)	0	2	400		P	T	0	3	L	8	3 0)					
X-3	D	0)	9	1	100		P	T	0	3	D	8	3 0)					
X-4	D	0)	0	2						1									included with above

VICE PRESIDENT, TECHNICAL SERVICES

PAGE 4 OF F

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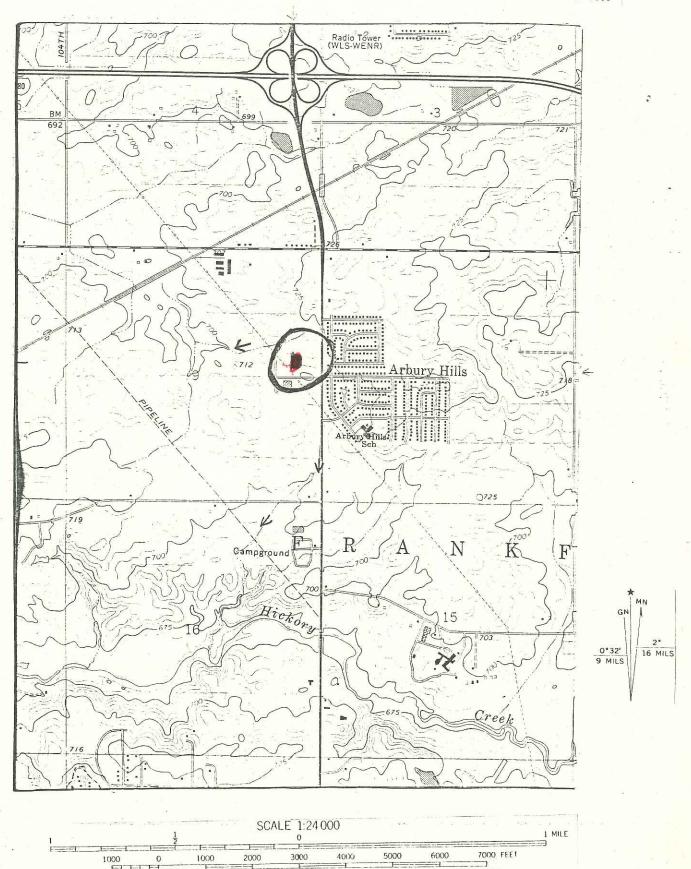
November 18, 1980



PAGE 5 OF 5

TINLEY PARK, ILL. N4130-W8745/7.5

1963 PHOTOREVISED 1973 AMS 3467 III SE-SERIES V863



1000 0 ELFIEL

2000

1000

3000

1 KILOMETER





November 18, 1980

JS 80-128

EPA Region V RCRA Activities P.O. Box 7861 Chicago, IL 60680

Subject: Hazardous Waste Permit Applications

Attached is a photocopy of the Hazardous Waste Permit Application for the facility identified therein. Item 9 on Form 3, "Owner Certification", is unsigned on this photocopy because the original application has been sent to the Owner (landlord) and has not yet been returned to us. The signed original will be forwarded to you after we receive it from the Owner.

If the attached application has no EPA I.D. Number, it is because we have not yet received one from your office. As we were instructed by your office to do in this situation, we are submitting the application without the I.D. Number.

Our notification form was mailed to you on August 14, 1980 and we inadvertently omitted to mark "X" in box Number 1. Ignitable under Item IX. E. Please enter an X for us in that box.

We hope this approach meets with your approval.

Sincerely,

JEFF SIMPSON

Environmental Engineer

JS/keg

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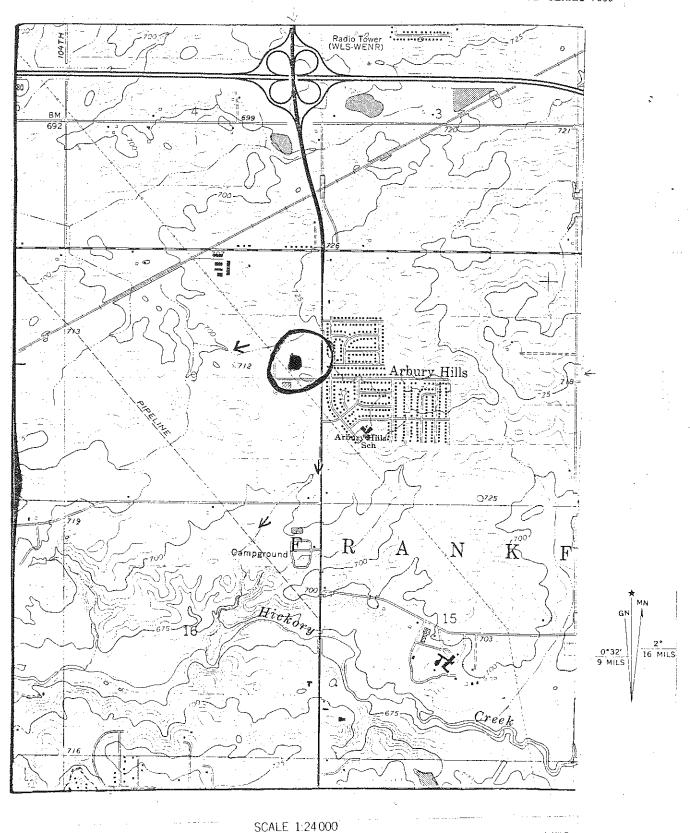
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	characteristic or toxic contaminated characteristic or contaminant.	nt entered i	n column	A estimate	the total	annual qua	intity of all the non—listed waste(s) that will be handled
C. UNIT OF MEA codes are:	SURE - For each quantity enter	red in colu	mn B ente	Salaharan Salah	64 L. H.	ing kawapa Pelagai	nits of measure which must be used and the appropriate
EI	IGLISH UNIT OF MEASURE		CODI	E .	METE	RIC UNIT	OF MEASURE CODE
	OUNDS						K M
			Valoria Alia		January S. S. S. S.	641 - 124A ²	ed into one of the required units of measure taking into
account the app	ropriate density or specific gravit	y of the wa	ste.	ata or mea	adre muat	De conver	ed into one or the required diffus of measure taking fifth
D. PROCESSES							
1. PROCESS C For listed ha	izardous waste: For each listed	hazardous	waste ente	ered in colu	ımn A sel	ect the cod	le(s) from the list of process codes contained in Item III
to indicate h	ow the waste will be stored, treat	ed, and/or i	disposed o	of at the fac	ilitv.		mn A, select the code(s) from the list of process codes
contained in	Item III to indicate all the pro	cesses that	will be us	sed to store	e, treat, a	nd/or disp	ose of all the non-listed hazardous wastes that possess
Note: Four	ristic or toxic contaminant. spaces are provided for enterint t box of Item IV-D(1); and (3) Er	g process	codes. If r	nore are no	eded: (1) ge 4, the li	Enter the	first three as described above; (2) Enter "000" in the and the additional code(s).
2. PROCESS D	ESCRIPTION: If a code is not li	sted for a p	rocess tha	t will he us	ed describ	e the proc	ess in the space provided on the form.
	and the second s			The second second		Harry Joseph Lands	UMBER — Hazardous wastes that can be described by
nore than one EPA	. Hazardous Waste Number shall b	e described	l on the fo	rm as follo	ws:	4 4 4 4 5 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5	sau i realistica di una contrata de la sulta del como de la compania de la compania de la compania de la compa
	f the EPA Hazardous Waste Num he waste and describing all the pr						plete columns B,C, and D by estimating the total annual he waste.
2. In column A		EPA Haza	ardous Wa				o describe the waste. In column D(2) on that line enter
3. Repeat step	2 for each other EPA Hazardous \	Naste Num	ber that ca	n be used	to describe	the hazar	dous waste.
EXAMPLE FOR C	OMPLETING ITEM IV (shown in	n line numi	bers X-1,)	<-2, X-3, ar	nd X-4 belo	ow) – A fa	icility will treat and dispose of an estimated 900 pounds
per year of chrome are corrosive only	shavings from leather tanning a and there will be an estimated 20	nd finíshing 30 pounds	j operatior per vear c	n. In addition of each was	on, the fac ite. The o	ility will t ther waste	reat and dispose of three non-listed wastes. Two wastes is corrosive and ignitable and there will be an estimated
100 pounds per yea	r of that waste. Treatment will be	in an incir	erator and	d disposal v	vill be in a	landfill.	
A. EPA HAZARD.	B. ESTIMATED ANNUAL	C. UNIT				-	D. PROCESSES
Zo WASTENO	QUANTITY OF WASTE	SURE (enter code)		1. PROCES		1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
	000	111	<i>(77)</i>		1 1	T 1	
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X-2 D 0 0 2	400	P	T 0 3	D 8 0	1 1	1 1 0	
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X-4 D D D D			' '			, '	included with above

PAGE 2 OF 5

)4"). FOR EACH PROCESS ENTERED HERE

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Continued from the front.

EPA Form 3510-3 (6-80)

III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS COD. UR FOR DESCRIBING OTHER PROCESSES (code INCLUDE DESIGN CAPACITY.

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J.Z (enter code) C.UMIT OFMEA-SURE (valer code). 8. ESTIMATED ANNUAL QUANTITY OF WASTE 1. PROCESS CODES (EKWY) 2. PROCESS DESCRIPTION (I/ a code is not entered in D(I)) S 0 1 23 | 27 F 0 0 2 50 T 2 F 0 0 4 3 4 5 б 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 _4 25 26

EPA Form 3510-3 (3-80)

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IV. DESCRIPTION OF HAZARDOUS W . (conti								
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EPA I.D. NO. (enter from page 1)								
S T/A C								
F 6								
V. FACILITY DRAWING								
All existing facilities must include in the space provided on page	ge 5 a scale drawing	of the facility (s	ee instructio	ns for mor	e detail).		Section 200 Section 2007 Section 2007	
VI. PHOTOGRAPHS								
All existing facilities must include photographs (aerial				CONTRACTOR OF THE PARTY OF THE	# And - The residence in			
	or around—level)	that clearly de	elineate all	existina s	tructur	es: exist	ing storag	e
treatment and disposal areas; and sites of future storage	<i>or ground—level)</i> e, treatment or d	that clearly de lisposal areas <i>(s</i>	elineate all see instruct	existing s ions for n	tructur nore de	es; exist <i>tail).</i>	ing storag	e,
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PAGE 4 OF 5

CONTINUE ON PAGE 5

V. FACILITY DRAWING (see page 4)

SALES OFFICE & NAREHOUSE 60'X 60' 194th PLACE 12 ,08

655 BIG TIMBER ROAD • ELGIN, ILLINOIS 60120

PHONE 312/697-8460

9631 W. 194th PLACE, MOKENA IL., 60448 (5:034.94)

INC. Phase I



March 13, 1981 JES 81-178

EPA Region V RCRA Activities P.O. Box 8761 Chicago, IL 60680 1LD000665851

Re: Hazardous Waste Permit Application

Dear Sir:

Attached is the completed and corrected permit application for the facility identified therein. A photocopy of this permit application without the owner certification was submitted on November 18, 1980. We have since obtained the owners signature as required by the regulations. We have also made any changes or corrections on the application that were requested by your office.

Should you have any questions regarding Safety-Kleen's permit application or operations, please contact me.

Sincerely,

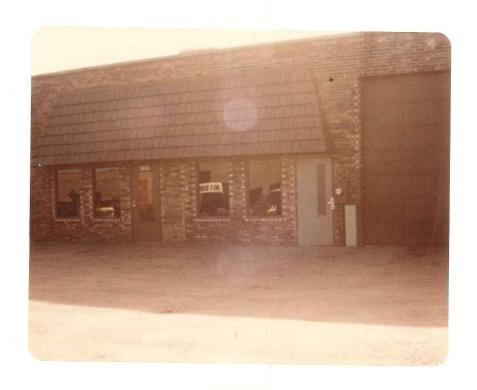
Jeffrey E. Simpson Environmental Engineer

Uffrey & Longran

JES:kf Attachment SUB. / PART A

APR 0 6 1981

safety-kleen corp





5-034-05

PHOTO'S 11/80

PART A AMENDMENTS

Fac. Name	KLEEN	I.D. #	00665837
· ·	Applica	tion	stery o
Date Received		Date of ADP Input	Filed (check)
11/19/80			u
	Amendmen	<u>ıts</u>	
Date <u>Received</u>	Date of Tech Staff Approval (if	Date of ADP Input	<u>Filed</u> (check)
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As N A N A N A N A N A N A N A N A N A N	lume in Second Product Tank gal.)	*						elleredalei vä _{lmel} e _{lle} lederedel	
If 'N', circle appropriate problem: rusty or loose anchoring, lack of grounding, wet discoloration, leaks, distortion, other: gh Level Alarms A N A N A N A N A N A N A N A N A N A	lume in Wasta Tank (in./gal.)				**************************************			mil (den general) er gemen somhende er ins a fram	
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If 'N', circle appropriate problem: malfunctioning "Power On" light, malfunctioning sirem/strobe light, other: Lume Gauges A N A N A N A N A N A N A N A N A N A						N	A N	A	N
If 'N', circle appropriate problem: disconnected, sticking, condensation, other: ITAINMENT AREA (Tank Dike): Itom and Walls A N A N A N A N A N A N A N A N A N A	If 'N', circle appropriate prob siren/strobe light, other:	len:	malfun						
If 'N', circle appropriate problem: disconnected, sticking, condensation, other: NTAINHENT AREA (Tank Dike): ttom and Walls A N A N A N A N A N A N A N A N A N A	tume Cauges	A	N	A N	A	N	A N	A	N
If 'N', circle appropriate problem: cracks, debris in dike, open drums in dike, pondis spots/stains, deterioration, displacement, leaks, other: Lf-closing Drain Valve A N A N A N A N A N A N A N A N A N A		lea:	discon	lected, s	sticking,	conden	sation, ot	her:	
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id Piping and Supports ANANAN AN	f-closing Drain Valve	A	N	A N	A	N	A N	A	N
id Piping and Supports ANANAN AN	If 'N', circle appropriate probl	len:	open,	leaks, o	ther:				
If 'N', circle appropriate problem: distortion, corrosion, paint failure, leaks, other:									••

^{*}A = ACCEPTABLE

N = NOT ACCEPTABLE

⁽IF AN ITEM IS NOT APPLICABLE, ENTER 'N/A' AFTER IT AND DRAW A LINE THROUGE THE 'ACCEPTABLE/NOT ACCEPTABLE' ROW)

INSPECTION LOG SHEET FUR: Daily I	nspection of :	STORAGE TANK	SYSTEM		rege 2 of
Inspector's name/title:			nnye da ana ana ana ana ana ana ana ana ana		
INSPECTOR'S SIGNATURE:	······································		and the second s		
	MON	TUES	WED	THURS	FRI
Transfer pumps and hoses					
Pump Seals	Ye M	A. N	A N	A N	A N
If N', circle appropriate pr	oblem: leak:	, other:	annagampahajangaman ngob <u>yot réc</u> onstruction	маринда (2 ж.)	aça
Motors	A N	A N	A N	A N	A N
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Eittings	A N	A N	A N	A N	A N
If 'N', circle appropriate pr	oblem: leaks	, other:	energyett milder en en greekterste en en en en en	onto to the same and the same an	ø
Valves	A N	A N	A N	A N	A N
If 'N', circle appropriate pr	oblem: leaks	, sticking,	other:	2000 (1880 1880 1880 1880 1880 1880 1880	
Hose Connections and Fittings	A N	A N	A N	A N	A N
If 'N', circle appropriate protter:		ed, loose, l	eaks,		
Hose Body	A N	A N	A N	λN	A N
If'N', circle appropriate pro		d, cracked,	thin spots,	leaks.	
RETURN AND FILL STATION		 			
det Dumpster	A N	A N	A N	A N	A N
If 'N', circle appropriate pr split seams, distortion, dete					
Secondary Containment	A N	A N	A N	A N	A N
If 'N', circle appropriate pr deterioration, distortion, ex	oblem: exces cess debris, o	s sediment/l: ther:	iquid, leaks	9	
Loading/Unloading Area	A N	A N	A N	A N	A N
If 'N', circle appropriate production other:			t spots,		
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eA = ACCEPTABLE

N = NOT ACCEPTABLE

PERMITTED STORAGE VOLUME:					
INSPECTOR'S NAME/TITLE:					
Tilda Gamero La Adduta Grama		 			
DATE: (M/D/Y)	MON	TUES	WED	THURS	FRI
TIME:		<u> </u>			······································
CONTAINERS:			***************************************		- · · ; , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Number/Volume of M.S. Waste Drums:	<u> </u>			· · · · · · · · · · · · · · · · · · ·	
Number/Volume of I.C. Waste Drums:					
Number/Volume of Dry Cleaning Waste Drums					
Number/Volume of Dry Cleaning Waste Boxes					
Number/Volume of Paint Waste Drums:					
Number/Volume of Paint Waste Pails:	*				
TOTAL VOLUME (IN GALLONS):	TN	AN			
If 'N', circle appropriate problem:			A N	A N	A N
is permitted, other:		Ama cv68889 61	is disodist tot	anteu tus 195	strch
Condition of Drums/Boxes	A N	A N	A N	A N	A N
If 'N', circle appropriate problem:	missing or	loose lids, n	nissing, inco	ffect or incom	pleta
If 'N', circle appropriate problem: labels, rust, leaks, distortion, ot	missing or ner:	loose lids, m	missing, inco	rrect or incom	pleta
If 'N', circle appropriate problem: labels, rust, leaks, distortion, ot Stacking/Placement/Aisle Space	107:	loose lids, n	·		plata A N
labels, rust, leaks, distortion, of	A N	A N	A N	A N	A N
Stacking/Placement/Aisle Space If 'N', circle appropriate problem:	A N	A N	A N	A N	A N
Stacking/Placement/Aisle Space If 'N', circle appropriate problem: pallets, unstable stacks, other:	A N	A N	A N	A N	A N
Stacking/Placement/Aisle Space If 'N', circle appropriate problem: pallets, unstable stacks, other: CONTAINMENT:	A N different f	A N From Part B F1	A N oor Plan, con	A N ntainers not o	A N
Indels, fust, leaks, distortion, of Stacking/Placement/Aisle Space If 'N', circle appropriate problem: pallets, unstable stacks, other: CONTAINMENT: Curbing, Floor and Sump(s) If 'N', circle appropriate problem: displacement, leaks, other:	A N different f	A N From Part B F1	A N oor Plan, con	A N ntainers not o	A N
Indels, rust, leaks, distortion, of Stacking/Placement/Aisle Space If 'N', circle appropriate problem: pallets, unstable stacks, other: CONTAINMENT: Curbing, Floor and Sump(s) If 'N', circle appropriate problem:	A N different f	A N From Part B F1 A N Spots, deter	A N OOR Plan, con A N ioration (cra	A N A N acks, gaps, etc	A N A N

^{**}A = ACCEPTABLE

N = NOT ACCEPTABLE

⁽IF AN ITEM IS NOT APPLICABLE, ENTER 'N/A' AFTER IT AND DRAW A LINE THROUGH THE 'ACCEPTABLE/NOT ACCEPTABLE' ROW)

INSPECTION LOG SHEET FOI Heekly Inspection SECURITY DEVICES A	of Safett and Emergency Equipment, ND Hiscellaneous Equipment
INSPECTOR'S NAME/TITLE:	
INSPECTOR'S SIGNATURE:	
DATE OF INSPECTION (Month/Day/Year):	
TIME OF INSPECTION:	
SAFETY AND EMERGENCY EQUIPMENT	
Fire Extinguishers:	A* N
If 'N', circle appropriate problem: over charged, inaccessible, other:	due inspection, inadequately
Eyewash and Shower:	A N
If 'N', circle appropriate problem: disc pressure, inaccessible, malfunctioning dr	connected melfunctioning valves, inadequate sin leaking, other:
First Aid Kit:	A N
If 'N', circle appropriate problem: inad	equate inventory, other:
Spill Cleanup Equipment:	A N
<pre>If 'N', circle appropriate problem: inad inadequate supply of shovels, mops, empty</pre>	equate supply of sorbent, towels and/or clay, drums, wet/dry vacuum, other:
Personal Protection Equipment:	A N
If 'N', circle appropriate problem: inade other:	equate supply of aprons, gloves, glasses, respirato
Gates and Locks:	A N
If 'N', circle appropriate problem: stick other:	king, corrosion, lack of warning signs, fit,
Fence:	A N
If 'N', circle appropriate problem: broke	n ties, corrosion, holes, distortion, other:
HISCELLANEOUS EQUIPMENT:	
Dry Dumpster:	A N
If 'N', circle appropriate problem: rust, deterioration, excess debris, liquids in u	corrosion, split seams, distortion,
OBSERVATIONS, COMMENTS, DATE AND NATURE OF ANY R	
ODDERVATIONS, COMMENTS, DATE AND NATURE OF ANY R	EPAIRS:
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^{*}A = ACCEPTABLE

N = NOT ACCEPTABLE

⁽IF AN ITEM IS NOT APPLICABLE, ENTER 'N/A' AFTER IT AND DRAW A LINE THROUGH THE 'ACCEPTABLE/NOT ACCEPTABLE: ROW)

HAZARDOUS WASTE FACILITY CERTIFICATE OF LIABILITY INSURANCE

			_			1100 TEMINOE	
1.	Na —	tional Union Fire Ins			the "Insu	rer"), of Pittsb	urgh,
	_	Pennsylvania	hereby certifies that			vering bodily injury a	
	to .	Safety-Kleen Corp.					
		Elgin, IL 60123				of <u>777 Big Timb</u>	
	Adr	ministrative Code Parts 724.247 o	in connection with the r 725.247. The coverage appli	te insured's obligat es at: SFE AT	ion to demonstrat TACHED LIS	te financial responsibil	lity under 35 Illinoi
					TROUBD 113	i •	
USEI	PAI	D. No.			Sudden Accidental	Nonsudden Accidental	Steden and Nonserden Acaden al
	(1)				Occurrences (2)	Occurrences (3)	Occurrence (4)
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USE	PA I.I	D. No.	_				
Name	e						
Addr	ees			-			
City				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
City			1				
		nse costs. The coverage is provided ive date of said policy is <u>OCC</u>		813574 (11)	(10) issued on	October 1, 198	3.7 ((2)
	11000	date of said pointy is	(13)		····		
2.	The	Insurer further certifies the follo	wing with respect to the insu	rance described in	Paragraph 1:		
	(<u>a</u>)	Bankruptcy or insolvency of th			_	e policy.	
	(Ъ)	The Insurer is liable for the painsured for any such payment a coverage is demonstrated as sp	syment of amounts within an made by the Insurer. This prov	y deductible appli vision does not app	cable to the polic ly with respect to		nbursement by the eductible for which
	(e)	Whenever requested by the Dire signed duplicate original of the	ector of the Illinois Environme	ntal Protection As		Insurer agrees to furni	sh to the Director a
	(q)	Cancellation of the insurance, wo of sixty (60) days after a copy of	hether by the Insurer or the in of such written notice is recei	nsured, will be effe ved by the IEPA I	ctive only upon w Director.	ritten notice and only s	after the expiration
	(e)	Any other termination of the incopy of such written notice is re	surance will be effective only eceived by the IEPA Director	upon written noti	ce and only after	the expiration of thir	y (30) days after a
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ne or	by ce	e States.	o transact the business of insu				
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Signatus Typed n	rs	Bernard M. Dunne	Dune				
lignatu Typed n	rs ams	Bernard M. Dunne Vice President	Dunne_				
Signatur Typed n	ame	Bernard M. Dunne Vice President	on Fire Insurance				

This Agency is authorized to require that the Insured submit this document under Illinois Revised Statutes, 1981. Chapter 111 1/2, Section 21(f). Failure to do so may result in a civil penalty against the Insured of not to exceed \$25,000 per day of violation. Faisification of this information by any person may constitute a Class 4 felony, and may also carry a fine of not to exceed \$25,000 per day for the first

ILD 000805929 Safety-Kleen Corp. (5-034-03) 306 Campus Drive Arlington Hts., IL 60004

ILD 981097819
Safety-Kleen Corp. (5-160-02)
20 Tucker Drive
Caseyville, IL 62232

ILD 005450697 Safety-Kleen Corp. (Chicago Recycle Center) 1445 W. 42nd Street Chicago, IL 60609

ILD 005474143
Phillips Mfg. Co.
7334 N. Clark Street
Chicago, IL 60626

ILD 980613913 and ILD 000781614 Safety-Kleen Envirosystems - Dolton 633 E. 138th Street Dolton, IL 60419

ILD 000805911 Safety-Kleen Corp. (Elgin Recycle Center) 1500 E. Villa Street Elgin, IL 60120

ILD 000665869 Safety-Kleen Corp. (5-034-04) 412 Domenic Court Franklin Park, IL 60131

ILD 000665851 Safety-Kleen Corp. (5-034-05) 9631 W. 194th Place Mokena, IL 60448

ILD 093862811 Safety-Kleen Corp. (5-136-01) RR #3 Pekin, IL 61554

ILD 079749073 Safety-Kleen Corp. (5-034-01) 728 Morse Avenue Schaumburg, IL 60193

ILD 981088388 Safety-Kleen Corp. (5-033-01) 500 Anthony Drive Urbana, IL 61801

PO Box 92921 125 South Wacker Drive Chicago, Illinois 60675 TELEPHONE: (312) 630-6000 S.W.I.FT. ADDRESS: CNORUS44

LAR**SV**OCARUS STANDERN LATTER DE CESTRE

CORRECTOR

CLEARRES ENVIRONMENTAL TOROIDTIEM ASENCY

CERTACHIEL ROAD

SPRINGFIELD, ILLINOIS SETOR

DEAR SIR OR MADAM:

WE MEREBY ESTABLISH OUR IRREVOCABLE STAND-BY LETTER OF OREDIT NO. 5228348 IN YOUR FAVOR, AT THE REQUEST AND FOR THE ACCOUNT OF SAFETY-KLEEN CORP., 777 BIG TIMBER ROAD, ELGIN, ILLIVOIS 60120 UP TO THE AGGREGATE AMOUNT OF SHE MILLION ONE HUNDRED THIRT FIVE IHOUSANE AND COMMISS (25.125.000.00) AVAILABLE UPON PREJENTATION BY YOU OF:

(1) YOUR MIGHT CRAFTES. BEARING REFERENCE TO THIS LETTER OF CREDIT NO. 2228348, AND

THE AMOUNT OF THE DRAFT IS PAYABLE PURSUANT TO REGULATIONS ISSUED UNDER AUTHORITY OF THE ENVIRONMENTAL PROTECTION ACT. ILL. REV. STAT. 1981/ CH 115 1/2/ PAR. 1001 ET SEQ., AS AMENDED."

THIS IS LETTER OF CREDIT IS EFFECTIVE AS OF APRIL 1, 1988 AND SHALL EXPIRE ON APRIL 27, 1989 BUT SUCH EXPIRATION DATE SHALL BE AUTOMATICALLY EXTENDED FOR A PERIOD OF ONE YEAR ON APRIL 27, 1989 AND ON EACH SUCCESSIVE EXPIRATION DATE, UNLESS AT LEAST 120 DAYS BEFORE THE CURRENT EXPIRATION DATE. WE NOTIFY BOTH YOU AND SAFETY-KLEEN CORP. BY CERTIFIED MAIL THAT WE HAVE DECIDED NOT TO EXTEND THIS LETTER OF CREDIT BEYOND THE CURRENT EXPIRATION DATE. IN THE EVENT YOU ARE SO NOTIFIED, ANY UNUSED PORTION OF THE CREDIT SHALL BE AVAILABLE UPON PRESENTATION TO US OF YOUR SIGHT DRAFT FOR 120 DAYS AFTER THE DATE OF RECEIPT BY BOTH YOU AND SAFETY-KLEEN CORP., AS SHOWN ON THE SIGNED RETURN RECEIPTS.

WHENEVER THIS LETTER OF CREDIT IS DRAWN UNDER AND IN COMPLIANCE WITH THE TERMS OF THIS CREDIT, WE SHALL DULY HONOR SUCH DRAFT UPON PRESENTATION TO US, AND WE SHALL DEPOSIT THE AMOUNT OF EACH DRAFT DIRECTLY INTO THE STAND-BY TRUST FUND OF SAFETY-KLEEN CORP. IN ACCORDANCE WITH YOUR INSTRUCTIONS.

2028 (200

GOVERDHAN P. PATEL VICE-PRESIDENT

DATE APRIL 27, 1988

THE MORTHERN TURST COMPANY 125 JOUTH WACKER DRIVE UNICASO, ILLINGIS AGENT

THIS PREDIT TO SUBJECT OF THE UNIFORM CUSTOMS AND PRACTICE FOR DOCUMENTARY ORBDITS, 1995 PEVISION, FLO.C., PUBLICATION NO. 400.

SHARLES W. BER FROM UR.

PRO-DACHIER

TRUST AGREEMENT

	1:		
Trust Agreement, the "Agreement," entered into as of	CENSUL 28, 1988 by and between	Safety Kleen	Corporation
Wisc	onsin Corporation	-3,	
"Grantor," and UnibancTrust Company	141	.an Illinois E	the
Corporation	(5)		sanking

Whereas, the Illinois Pollution Control Board, "IPCB," has established certain regulations applicable to the Grantor, requiring that an owner or operator of a hazardous waste management facility shall provide assurance that funds will be available when needed for closure and/or post-closure care of the

Whereas, the Grantor has elected to establish a trust to provide all or part of such financial assurance for the facilities identified herein.

Trust Fund Number _

.. the "Trustee."

Whereas, the Grantor, acting through its duly authorized officers, has selected the Trustee to be the trustee under this agreement, and the Trustee is

Now, Therefore, the Grantor and the Trustee agree as follows:

Section 1. Definitions. As used in this Agreement:

- (a) The term "Grantor" means the owner or operator who enters into this Agreement and any successors or assigns of the Grantor.
- (b) The term "Trustee" means the Trustee who enters into this Agreement and any successor Trustee.

Section 2. Identification of Facilities and Cost Estimates. This Agreement pertains to the facilities and cost estimates identified on attached Schedule A on Schedule A, for each facility list the EPA Identification Number, name, address, and the current closure and/or post-closure cost estimates, or portions thereof, for which financial assurance is demonstrated by this Agreement).

Section 3. Establishment of Fund. The Grantor and the Trustee hereby establish a trust fund, the "Fund," for the benefit of the Illinois Environment Protection Agency (IEPA). The Grantor and the Trustee intend that no other third party have access to the Fund except as herein provided. The Fun. established initially as consisting of the property, which is acceptable to the Trustee, described in Schedule B attached hereto. Such property and any other property subsequently transferred to the Trustee is referred to as the Fund, together with all earnings and profits thereon, less any payments or distributions made by the Trustee pursuant to this Agreement. The Fund shall be held by the Trustee, IN TRUST, as hereinafter provided. The Trustee shall not be responsible nor shall it undertake any responsibility for the amount or adequacy of, nor any duty to collect from the Grantor, any payments necessary to discharge any liabilities of the Grantor established by IEPA.

Section 4. Payment for Closure and Post-Closure Care. The Trustee shall make payments from the Fund as the IEPA Director shall direct, in writing, to provide for the payment of the costs of closure and/or post-closure care of the facilities covered by this Agreement. The Trustee shall reimburse the Grantor or other persons as specified by the IEPA Director from the Fund for closure and post-closure expenditures in such amounts as the IEPA Director shall direct in writing. In addition, the Trustee shall refund to the Grantor such amounts as the IEPA Director specifies in writing. Upon refund, such funds shall no longer constitute part of the Fund as defined herein.

Section 5. Payments Comprising the Fund. Payments made to the Trustee for the Fund shall consist of cash or securities acceptable to the Trustee.

Section 6. Trustee Management. The Trustee shall invest and reinvest the principal and income of the Fund and keep the Fund invested as a single fund. without distinction between principal and income, in accordance with general investment policies and guidelines which the Grantor may communicate in writing to the Trustee from time to time, subject, however, to the provisions of this Section. In investing, reinvesting, exchanging, selling, and managing the Fund, the Trustee shall discharge his duties with respect to the trust fund solely in the interest of the beneficiary and with the care, skill, prudence, and diligence under the circumstances then prevailing which persons of prudence, acting in a like capacity and familiar with such matters, would use in the conduct of an enterprise of a like character and with like aims; except that;

- Securities or other obligations of the Grantor, or any other owner or operator of the facilities, or any of their affiliates as defined in the Investment Company Act of 1940, as amended, 15 U.S.C. 30a.2.(a), shall not be acquired or held, unless they are securities or other obligations of the Federal or a State government;
- (ii) The Trustee is authorized to invest the Fund in time or demand deposits of the Trustee, to the extent insured by an agency of the Federal or State
- (iii) The Trustee is authorized to hold cash awaiting investment or distribution uninvested for a reasonable time and without liability for the payment of

This Agency is authorized to require, pursuant to filinois Revised Statutes, 1981. Chapter 111 1/2, Section 21(0, that this information be submitted to the Agency by the owner or operator of a haterdous waste storage, treatment or disposed site. Failure to provide the information may result in a civil penalty against the owner or operator of not to exceed \$25,000 per day of violation. Faisification of this information by any person may constitute a Class 4 felony, and may also carry a fine for the first offense of not to exceed \$25,000 per day. This form has been approved by the Forms Management Center

Section 7 (John ingling and Investment The Truston surpressor, almorized in its discretion

- a) To transfer from time to time invorted of the issers of the Fund to any common communged, to collective trust their created by the Delston which the Fund is regible to participate, subject to adolf the provisions thereof to be commonled with the issets of other trusts participate, and
- -b) To purchase shares in any investment company registered under the Investment Company Act of 1940-45 C S C sun 1 et seq : including one which may be created, managed, underwritten, or to which investment advice is rendered or the shares of which are sold by the Trustee. The Trustee may vote such shares in its discretion.

Section 3. Express Powers of Trustee. Without in any way limiting the powers and discretions conferred upon the Trustee by the other provisions of this Agreement or by law, the Trustee is expressly authorized and empowered:

- (a) To sell, exchange, convey, transfer, or otherwise dispose of any property held by it, by public or private sale. No person dealing with the Trustee shall be bound to see to the application of the purchase money or to inquire into the validity or expediency of any such sale or other disposition;
- (b) To make, execute, acknowledge, and deliver any and all documents of transfer and conveyance and any and all other instruments that may be necessary or appropriate to carry out the powers herein granted;
- To register any securities held in the Fund in its own name or in the name of a nominee and to hold any security in bearer form or in book entry, or to combine certificates representing such securities with certificates of the same issue held by the Trustee in other fiduciary capacities, or to deposit or arrange for the deposit of such securities in a qualified central depositary even though, when so deposited, such securities may be merged and held in of any securities in the nominee of such depositary with other securities deposited therein by another person, or to deposit or arrange for the deposit of any securities issued by the United States Government, or any agency or instrumentality thereof, with a Federal Reserve bank, but the books and records of the Trustee shall at all times show that all such securities are part of the Fund;
- (d) To deposit any cash in the Fund in interest-bearing accounts maintained or savings certificates issued by the Trustee, in its separate corporate capacity, or in any other banking institution affiliated with the Trustee, to the extent insured by an agency of the Federal or State government; and
- (e) To compromise or otherwise adjust all claims in favor of or against the Fund.

Section 9. Taxes and Expenses. All taxes of any kind that may be assessed or levied against or in respect of the Fund and all brokerage commissions incurred by the Fund shall be paid from the Fund. All other expenses incurred by the Trustee in connection with the administration of this Trust, including fees for legal services rendered to the Trustee, the compensation of the Trustee to the extent not paid directly by the Grantor, and all other proper charges and disbursements of the Trustee shall be paid from the Fund.

Section 10. Annual Valuation. The Trustee shall annually, at least 30 days prior to the anniversary date of establishment of the Fund, furnish to the Grantor and to the IEPA Director a statement confirming the value of the Trust. Any securities in the Fund shall be valued at market value as of no more than 60 days prior to the anniversary date of establishment of the Fund. The failure of the Grantor to object in writing to the Trustee within 90 days after the statement has been furnished to the Grantor and the IEPA Director shall constitute a conclusively binding assent by the Grantor, barring the Grantor from asserting any claim or liability against the Trustee with respect to matters disclosed in the statement.

Section 11. Advice of Counsel. The Trustee may from time to time consult with counsel, who may be counsel to the Grantor, with respect to any question arising as to the construction of this Agreement or any action to be taken hereunder. The Trustee shall be fully protected, to the extent permitted by law, in acting upon the advice of counsel.

Section 12. Trustee Compensation. The Trustee shall be entitled to reasonable compensation for its services as agreed upon in writing from time to time with the Grantor.

Section 13. Successor Trustee. The Trustee may resign or the Grantor may replace the Trustee, but such resignation or replacement shall not be effective until the Grantor has appointed a successor trustee and this successor accepts the appointment. The successor trustee shall have the same powers and duties as those conferred upon the Trustee hereunder. Upon the successor trustee's acceptance of the appointment, the Trustee shall assign, transfer, and pay over to the successor trustee the funds and properties then constituting the Fund. If for any reason the Grantor cannot or does not act in the event of the resignation of the Trustee, the Trustee may apply to a court of competent jurisdiction for the appointment of a successor trustee or for instructions. The successor trustee shall specify the date on which it assumes administration of the trust in a writing sent to the Grantor, the IEPA Director, and the present Trustee by certified mail 10 days before such change becomes effective. Any expenses incurred by the Trustee as a result of any of the acts of contemplated by this Section shall be paid as provided in Section 9.

Section 14. Instructions to the Trustee. All orders, requests, and instructions by the Grantor to the Trustee shall be in writing, signed by such persons as are designated in the attached Exhibit A or such other designees as the Grantor may designate by amendment to Exhibit A. The Trustee shall be fully protected in acting without inquiry in accordance with the Grantor's orders, requests, and instructions. All orders, requests, and instructions by the IEPA Director to the Trustee shall be in writing, signed by the IEPA Director or his designees, and the Trustee shall act and shall be fully protected in acting in accordance with such orders, requests, and instructions. The Trustee shall have the right to assume, in the absence of written notice to the contrary, that no event constituting a change or a termination of the authority of any person to act on behalf of the Grantor or IEPA hereunder has occurred. The Trustee shall have no duty to act in the absence of such orders, requests, and instructions from the Grantor and/or IEPA, except as provided for herein.

Section 15. Notice of Nonpayment. The Trustee shall notify the Grantor and the IEPA Director, by certified mail within 10 days following the expiration of the 30-day period after the anniversay of the establishment of the Trust, if no payment is received from the Grantor during that period. After the payin period is completed, the Trustee shall not be required to send a notice of nonpayment.

Section 16. Amendment of Agreement. This Agreement may be amended by an instrument in writing executed by the Grantor, the Trustee, and the IEPA Director, or by the Trustee and the IEPA Director if the Grantor ceases to exist.

Section 17 array care and former of a Signature of Agent Core parties to imperious Agreement is provided a Section of the Prior and arrevocable and small continue you, we not not at the Anaton agreement of the Granton the Brustee, and the IFPA Director or by the Equation of the Country REPA Director of the Front of the second second communities of the Prost and remaining frust property lies from the Continuous expenses and

Section 18 Immunity and Indemnification. The Trustee shall not incur personal hability of any nature in connection with any act or omission, made in good faith, in the administration of this Trust, or in carrying out any directions by the Grantor or the IEPA Director issued in accordance with this Agreement. The Trustee shall be indominified and saved harmless by the Grantor or from the Trust Fund, in both, from and against any personal liability which the Trustee may be subjected by reason of any act or conduct in its official egpacity, including all expenses reasonably incurred in its defense in the event the Grantor fails to provide such defense.

Section 19. Choice of Law. This Agreement shall be administered, construed, and enforced according to the laws of the State of Illinois.

Safety Kleen Corporation

ly Commission Expires Sept. 26, 1991)

Section 20. Interpretation. As used in this Agreement, words in the singular include the plural and words in the plural include the singular. The descriptive headings for each Section of this Agreement shall not affect the interpretation or the legal efficacy of this Agreement.

In Witness Whereof the parties have caused this Agreement to be executed by their respective officers duly authorized and their corporate seals to be hereunto affixed and attested as of the date first above written.

Attest	Signature of Grantor Lincence Vil Turking Ck	Attent	Signature of Grancor/ 1 + 1 1 / //
	Laurence M. Rudnick		Typed Name Robert W. Willmschen
	Treasurer Treasurer		Title Vice President Finance/Administration
	Seal		Seal
Attest	UnibancTrust Company Signature of Topicals & Laufler Typed Name Bonita L. Hoefler	- Attest	Signature of Trustee Ann Schuit
	Vice President		Jøhn H./Schmeltzer Titte Corporate Trust Officer
	Seal		Seal
	CERTIFICATION O	F ACKNOWL	EDGEMENT
State of	Illinois		
County of			
The forego	oing instrument was acknowledged before me this April	_28, 1988 _b ,	, Laurence M. Rudnick
of	Safety-Kleen Corp.	Treasure	er
corporatio	n.	ő.	on behalf of the
_ fa	Ituin Theren		
	Signature of Notary Public		
Seal	OFFICIAL SFAL		

SCHEDULE A CLOSURE COST ESTIMATES

STATE OF ILLINOIS	<u>C</u>	LOSURE AMOUNT
ILD 000805929 (5-034-03) 306 Campus Drive Arlington Heights, IL 60004	\$	50,000
ILD 000805911 Elgia Recycle Cearer 1500 E. Villa Street Elgia, IL 60120	\$	225,000
ILD 981097819 (5-160-02) 20 Tucker Drive Caseyville, IL 62232	\$	165,000
ILD 005450697 Chicago Recycle Center 1445 W. 42nd Street Chicago, IL 60609	\$	200,000
ILD 980613913 Safety-Kleen Envirosystems, Inc. 633 E. 138th St. Dolton, IL 60419	\$	141,600
ILD c 00665869 (5-034-04) 412 Domenic Court Franklin Park, IL 60131	\$	50,000
ILD 000665851 (5-034-05) 9631 West 194th Place Mokena, IL 60448	\$	50,000
ILD 093862811 (5-136-01) RR #3 Pekin, IL 61554	\$	50,000
ILD 079749073 (5-034-01) 728 Morse Avenue Schaumburg, IL 60193	\$	50,000
ILD 981960610 (5-034-01) E. North Ave. Streamwood, IL 60103	\$	50,000
ILD 981088388 (5-033-01) 500 Anchony Drive Urbana, IL 61801	\$	50,000
	\$1,0	081,600

TRUST FUND EXHIBIT A

The following is a list of all persons who are authorized by the Grantor to give orders, requests, and instructions to the Trustee:

Safety-Kleen Corp. by: Laurence M. Rudnick, Treasurer

or,

Scott E. Fore, Vice President